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Give My Regards to Black Jack

Shuho Sato

Give My Regards to Black Jack

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Ep. 05 Surgery, Internisis, Departments, and Saito

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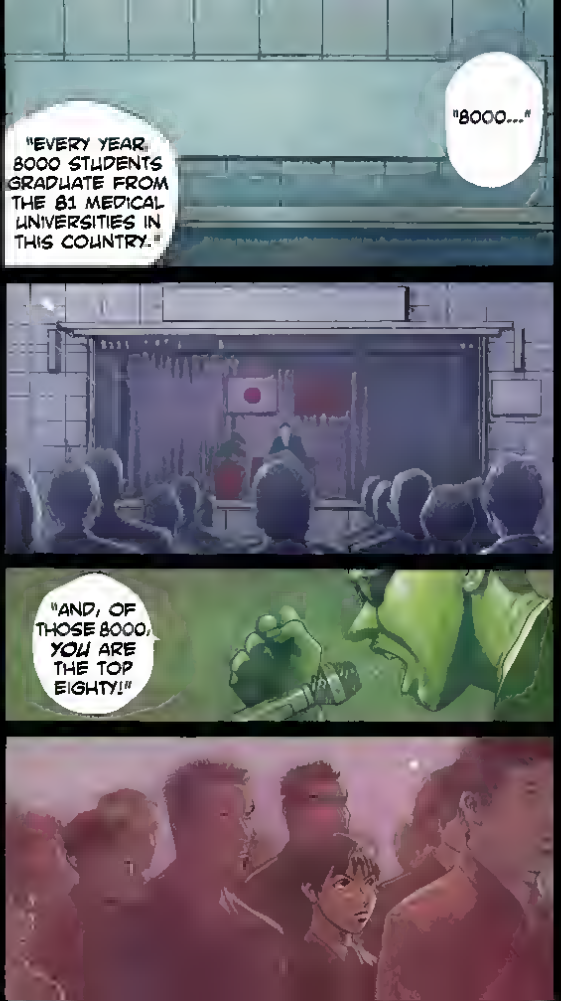
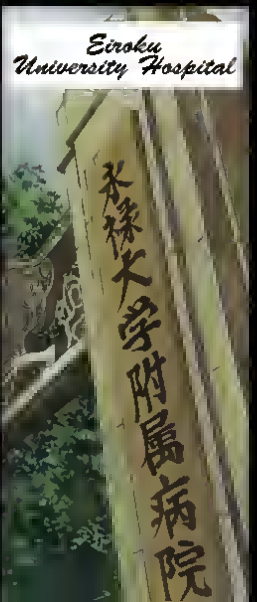

"EVERY YEAR, 8000 STUDENTS GRADUATE FROM THE 81 MEDICAL UNIVERSITIES IN THIS COUNTRY."
"8000..."
"AND, OF THOSE 8000, YOU ARE THE TOP EIGHTY!"

#1

Night of the Intern


Eiroku
University Hospital
叡禄大学附属病院

手術室
YOU LOOK PRETTY SLEEPY, SAITO...
YEAH. I JUST GOT OFF MY SHIFT.

I'VE BEEN HERE OVER 24 HOURS SINCE YESTERDAY MORNING.
YEAH, ME TOO.
I ONLY SLEPT 3HOURS...
HELPING OUT WITH THE DOCTOR'S EXPERIMENTS.
THEN I WIN.
I ONLY SLEPT 2HOURS!

It's been 3 months since I graduated from Eiroku University...
And currently I'm working as an intern at the university's hospital.
Shuuuuuuu
Come on, Saito!
Don't make that kinda face every time you give an injection!

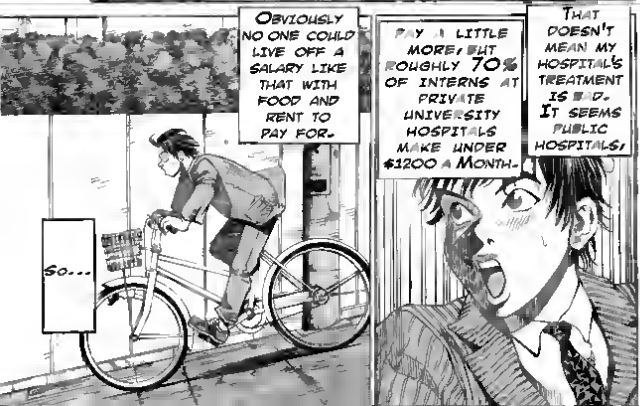
To become a doctor, we need to study at a medical university for 6 years...
And then pass the National Medical Practitioners Qualifying Examination.
Interns are basically apprentices.
There is no practical exam!
But the National Medical Practitioners Qualifying Examination only tests medical knowledge.
Widen the incision, Saito.
Yes, sir!
That's why most graduates spend the next 2 years as an intern at a university hospital.

SAITO, I...
I FEEL LIKE, WITH THIS JOB, I'M LOSING MY ABILITY TO CARE FOR OTHERS...
AH...
I HATE MYSELF FOR BEING ABLE ENJOY FOOD LIKE THIS AFTER AN OPERATION.

...
WHAT ARE YOU TALKING ABOUT?
WE'RE THE ONES SUPPORTING JAPAN'S MEDICAL CARE!

On average, interns work about 16 hours a day.
My monthly salary is an astounding...
459 dollars!!!

Not my daily salary. My monthly salary.


Obviously no one could live off a salary like that with food and rent to pay for.
So...
Pay a little more, but roughly 70% of interns at private university hospitals make under ¥1200 a month.
That doesn't mean my hospital's treatment is bad. It seems public hospitals,

Seido Hospital

誠同病院

EIJIRO SAITO, 25 YEARS OLD...
GRADUATED FROM EIROKU UNIVERSITY'S MEDICAL DEPARTMENT.
THIS WILL BE YOUR FIRST TIME ON DUTY... WELL...

YES, SIR!
I WILL TRY MY BEST NOT TO SOIL EIROKU'S FINE REPUTATION!

GLAD TO HAVE YOU ON BOARD.
THIS IS THE REALITY OF BEING AN INTERN.
SINCE TODAYS YOUR FIRST DAY, WE ALSO HAVE SOMEONE ELSE ON DUTY.
ASK HIM HOW THINGS WORK AROUND HERE.

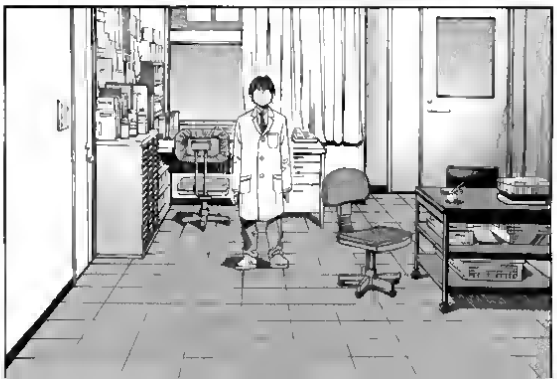
I'M SAITO AND I'M HERE FROM EIROKU AS A PART-TIME DOCTOR.
PLEASED TO MEET YOU!

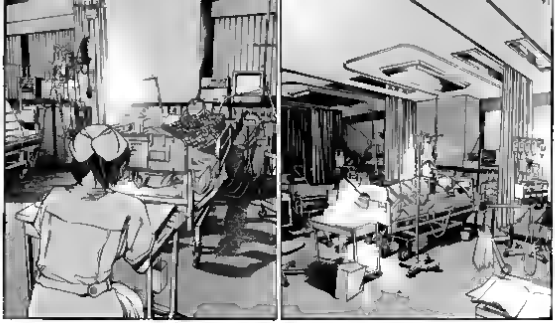
Rolf
Rolf
Rolf

UM I, UH...
I'M SAITO FROM EIROKU. I'M HERE FOR THE SHIFT.
EAT...
EAT WHEN YA CAN EAT.

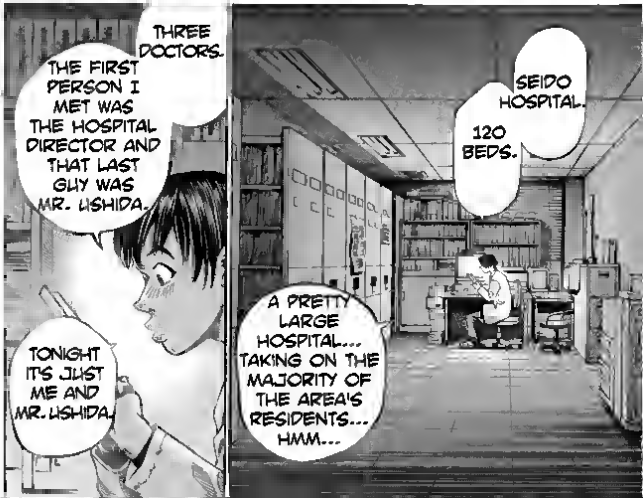
宿直室
ガチャ
SLEEP WHEN YA CAN SLEEP.
AND SLEEP.

宿直室
NIGHT DUTY ROOM





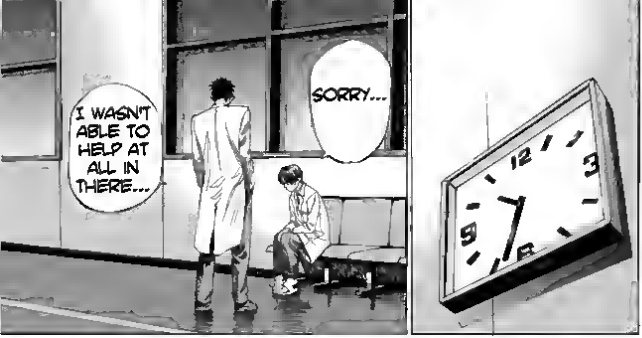
EMERGENCY ENTRANCE
救急用入口


SEIDO HOSPITAL.
120 BEDS.
A PRETTY LARGE HOSPITAL... TAKING ON THE MAJORITY OF THE AREA'S RESIDENTS... HMM...
THREE DOCTORS.
THE FIRST PERSON I MET WAS THE HOSPITAL DIRECTOR AND THAT LAST GUY WAS MR. USHIDA.
TONIGHT IT'S JUST ME AND MR. USHIDA.

プルルルル
プルルルル
プルルルル
AAAHHH!
PLEASE! HELP ME!!!
HURRY! IT'S GONNA BE A WAR ZONE IN THERE!
YES, SIR!

PATIENT IS A 20 YEAR OLD MALE! HE FELL OFF HIS MOTORCYCLE ROUGHLY 30 MINUTES AGO.
HIS LEFT LEG IS SHATTERED!
GET ME HIS BLOOD COUNT, BLOOD TYPE, AND A COMPREHENSIVE CHEMICAL BREAKDOWN! STAT!
AND BRING ME 10 PACKS OF PRBCS!!

EIROKU-SAN!
GIVE HIM A LACTEC INJECTION AND 1,000 MILLIGRAMS OF HYDROCODONE!
HURRY IT UP, EIROKU!!!
THEN, WHEN YOU'RE DONE, CROSS-MATCH HIS BLOOD!!


I WASN'T ABLE TO HELP AT ALL IN THERE...
SORRY...

JUST STARTING.
THE NIGHT'S ...
YOU AIN'T GOT TIME TO BE DEPRESSED.

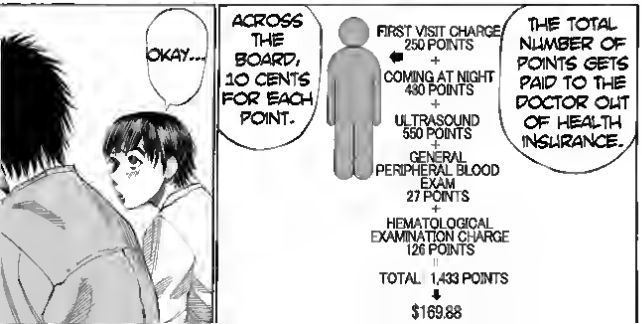
MR. USHIDA!
HER BLOOD PRESSURE'S DROPPING!!
JUST SHUT UP AND GIVE HER THE TRANSFUSION!
IF SHE CAN SCREAM THAT DAMN MUCH, THEN SHE'LL BE ALRIGHT!
うぎぁぁ
あぁぁ

"I'VE GOT AN ACCIDENT VICTIM!"
"HIS HEART BEAT IS IRREGULAR, AND HE'S HAVING TROUBLE BREATHING!"
"WE'VE GOT A MALE IN HIS 60S!"
"HE'S STILL UNCONSCIOUS FROM A HEAD-ON COLLISION AT A STOP LIGHT!
ウィン
ウィン
WOW... MR. USHIDA IS AMAZING...

チュン
チュン
WHAT'RE YOU SMILIN' ABOUT, EIROKU?

STOP TALKIN' LIKE A DAMN AMATEUR.
SHIT...
THIS HOSPITAL IS AMAZING.
HOW IT NEVER TURNS AWAY AN AMBULANCE.

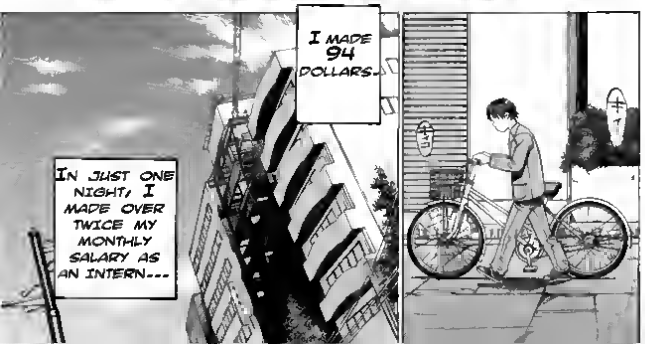
IF YOU GIVE AN ENEMA, YOU GET 42 POINTS... DRAW BLOOD AND YOU GET 12 POINTS.
A DOCTOR'S ACTIONS ARE ALL BASED ON A POINT SYSTEM...

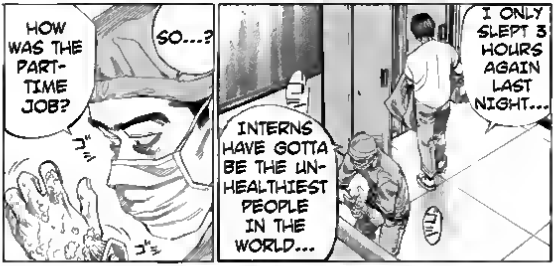

OKAY...
ACROSS THE BOARD, 10 CENTS FOR EACH POINT.
FIRST VISIT CHARGE
250 POINTS
+
COMING AT NIGHT
430 POINTS
+
ULTRASOUND
550 POINTS
+
GENERAL PERIPHERAL BLOOD EXAM
27 POINTS
+
HEMATOLOGICAL EXAMINATION CHARGE
126 POINTS
=
TOTAL 1,433 POINTS
$169.88
THE TOTAL NUMBER OF POINTS GETS PAID TO THE DOCTOR OUT OF HEALTH INSURANCE.

SO THE PRICE IS LEFT UP TO THE "DOCTOR'S DISCRETION".
IN THIS CASE, A DOCTOR CAN JUST DECIDE ON HIS OWN HOW MUCH A SINGLE POINT SHOULD COST.
BUT TRAFFIC ACCIDENTS ARE DIFFERENT.
THE MONEY ISN'T PAID OUT OF HEALTH INSURANCE, BUT OUT OF VEHICLE LIABILITY INSURANCE.
IN OTHER WORDS...
WHEN A DOCTOR IS DEALING WITH A PATIENT FROM A TRAFFIC ACCIDENT, HE CAN CHARGE HOWEVER MUCH MONEY HE WANTS...?
DIDN'T YOU NOTICE?
THE ONLY PATIENTS WE ACCEPT ARE FROM TRAFFIC ACCIDENTS.

AT THIS HOSPITAL, WE CHARGE 40 CENTS FOR EACH POINT IN TRAFFIC ACCIDENTS.
WE'RE OVER-CHARGING THEM FOUR TIMES THE NORMAL RATE.

IN THE END, IT'S ALL FOR THE MONEY.
IT'S NOT LIKE WE'RE DOING THIS AS A PUBLIC SERVICE...


I MADE 94 DOLLARS...
IN JUST ONE NIGHT, I MADE OVER TWICE MY MONTHLY SALARY AS AN INTERN---


I ONLY SLEPT 3 HOURS AGAIN LAST NIGHT...
INTERNS HAVE GOTTA BE THE UN-HEALTHIEST PEOPLE IN THE WORLD...
SO...?
HOW WAS THE PART-TIME JOB?
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ゴゥ

...
UH...

WHO'S THAT?
LOOKS LIKE ANOTHER PATIENT DIED...
ガラ
ガラ
ME TAKING THIS $948...
IS IT REALLY OKAY?
WHY NOT...? YOU WORKED PRETTY HARD FOR IT.
YEAH, BUT...
THIS KINDA MONEY IS...

I...
I DON'T WANT TO BECOME A CORRUPT DOCTOR...
TO BE HONEST, I NEVER REALLY WANTED TO BE A DOCTOR...
YOU KNOW WHAT?
I JUST RODE THE EXAM WAR ESCALATOR, TRYING MY HARDEST TO GET TO THE TOP...
NEXT THING I KNEW, I'D BECOME A DOCTOR...
A DOCTOR HUH...?
WHAT DOES THAT EVEN MEAN...?

Seido Hospital

WHAT!?

誠同病院

I'LL GIVE YOU ¥1186 TONIGHT.

UNEASY BY YOURSELF?

THAT'S NOT WHAT I...

NO...

IF THAT'S NOT ENOUGH I CAN GIVE YOU MORE.

IT'S GONNA BE JUST YOU FROM TONIGHT ON.

THERE ARE CURRENTLY 240,000 DOCTORS IN JAPAN.
WHAT DOES THAT NUMBER TELL YOU?

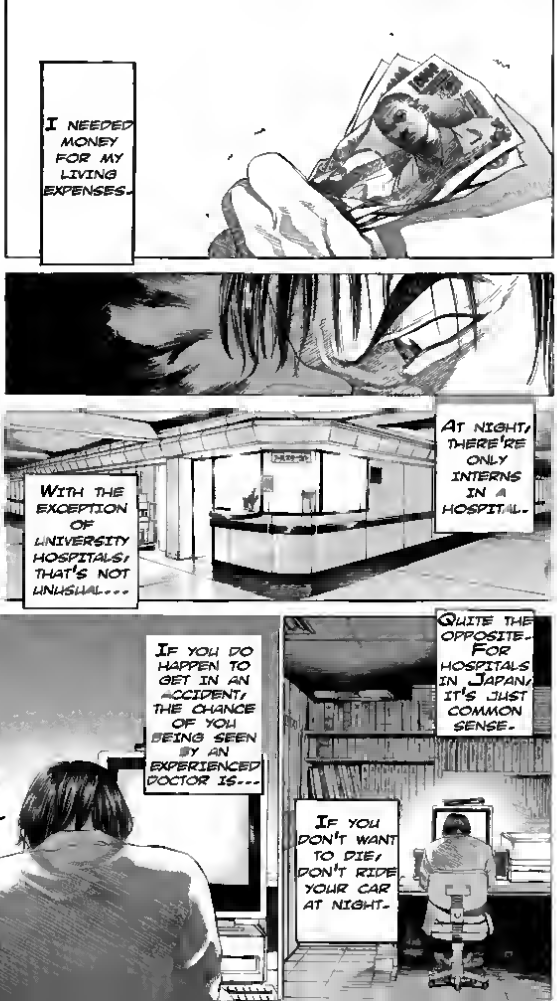
IT'S PRETTY IMPRESSIVE, I THINK.
THAT CAN'T BE BEATEN BY ANY OTHER FIRST-WORLD COUNTRY.
THAT THERE'S ABOUT ONE DOCTOR FOR EVERY 500 PEOPLE.

GOOD ANSWER.
BUT YOU'RE FORGETTING SOMETHING IMPORTANT...

JAPAN HAS A LOT OF DOCTORS, BUT IT ALSO HAS A RIDICULOUS NUMBER OF HOSPITALS.
THAT'S WHY EVEN A HOSPITAL AS BIG AS OURS ONLY HAS THREE DOCTORS.
THE NUMBER OF HOSPITALS.
TO PUT IT SIMPLY...
THE NUMBER OF DOCTORS TO A SINGLE HOSPITAL IN JAPAN IS EXTREMELY SMALL.
DOCTORS ARE PEOPLE TOO... WITH FAMILIES OF THEIR OWN.
THREE DOCTORS WOULDN'T BE ABLE TO COVER BOTH DAY SHIFTS AND NIGHT SHIFTS EVERY DAY.
...
I KNOW THAT...

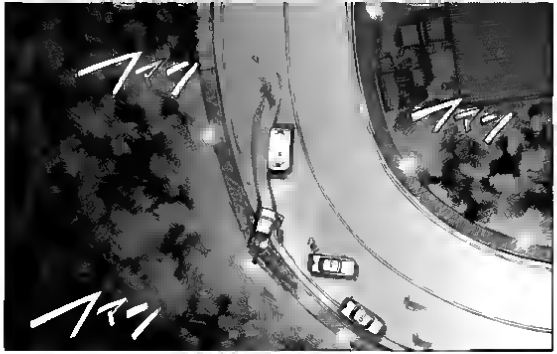
I FEEL LIKE I JUST DID SOMETHING VERY BAD.

救急用入口
EMERGENCY ENTRANCE


I NEEDED MONEY FOR MY LIVING EXPENSES.
AT NIGHT, THERE'RE ONLY INTERNS IN A HOSPITAL.
WITH THE EXCEPTION OF UNIVERSITY HOSPITALS, THAT'S NOT UNUSUAL...
IF YOU DO HAPPEN TO GET IN AN ACCIDENT, THE CHANCE OF YOU BEING SEEN BY AN EXPERIENCED DOCTOR IS...
QUITE THE OPPOSITE. FOR HOSPITALS IN JAPAN, IT'S JUST COMMON SENSE.
CLOSE TO ZERO...
IF YOU DON'T WANT TO DIE, DON'T RIDE YOUR CAR AT NIGHT.

This is night in Japan.
In a survey of 79 university hospitals from
all around the country, no more than
2% forbade their interns from part-time work.
80% of the interns involved in part-time work
had treated patients with no supervision.

Additionally,
over 90% of the interns treating patients unsupervised,
treated their patients while in a state of unease.
(Data taken from a survey of the Association of Independent Japanese Medical Students)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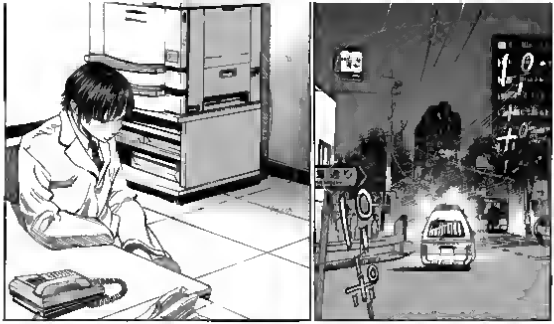
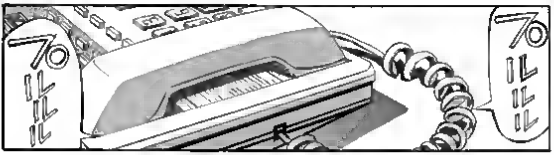
フォン
フォン

There was a traffic accident. Male. Mid 20s.
Trauma/ bruising/ possibly multiple bone fractures all over his body.
Level 30.
Respiration: 24. Pulse: 120.

Get this man to the hospital immediately!
We're ready to go!




プルルルル

プルルルル

WE'RE PREPARED TO ACCEPT THE PATIENT!
THE AMBULANCE WILL BE HERE IN 10 MINUTES
I GOT IT, OKAY?!
DOCTOR, PLEASE HURRY TO THE OPERATING ROOM!
HEY-HEY! YOU'VE REACHED THE USHIDA RESIDENCE- IF YOU-
UHM, HELLO?
IS MR. USHIDA-
プルルルル
プルルルル

SAKU
DAMMIT!!
MR. ISHIDA, PLEASE WAKE UP!!
THIS IS AN EMERGENCY!!
WE MAY HAVE TO OPERATE!!
DOCTOR!
THE AMBULANCE IS HERE!!

HIS INTERNAL ORGANS HAVE RUPTURED

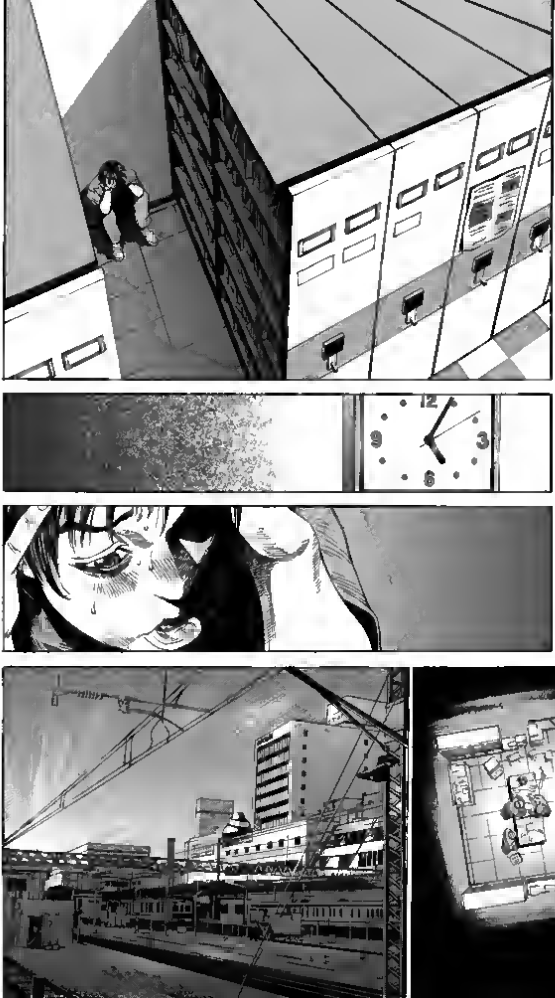
I CANNOT COME TO THE PHONE RIGHT
PLEASE LEAVE A MESSAGE AFTER THE BEEP.
ピルルルル
ピルルルル
SHIT... THE DIRECTOR ISN'T HOME EITHER.
HE'S NOT COMING BACK.
THAT... DOCTOR... WHAT'S GOING ON...?
I CAN'T DO IT...

!!
!!
I'VE... I'VE NEVER DONE THIS KIND OF MAJOR OPERATION BEFORE...
HIS LIVER'S RUPTURED AND THERE'S A HOLE SOMEWHERE IN HIS DIGESTIVE TRACT...
HE'S GOING TO DIE
WHAT AM I GONNA DO...?
ガチャ
!!
I JUST CAN'T DO IT
コツ...
コツ...
コツ...

DIRECTOR...

I GOT A CALL FROM THE HEAD NURSE...

手術中
IN SURGERY



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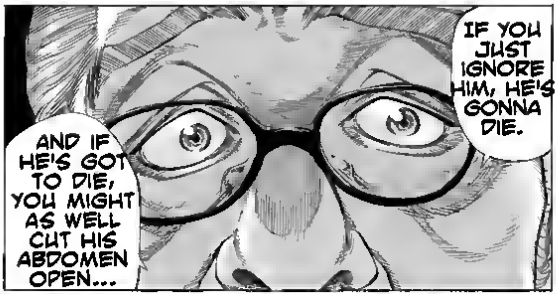
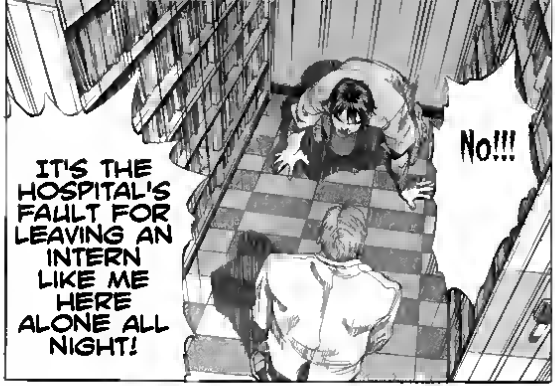
SO THIS IS WHERE YOU WERE...
DR. SAITO...
UHM UH..
HOW'S THE PATIENT?

WHY DIDN'T YOU OPERATE?


IF YOU JUST IGNORE HIM, HE'S GONNA DIE.
AND IF HE'S GOT TO DIE, YOU MIGHT AS WELL CUT HIS ABDOMEN OPEN...

YOU WERE JUST GONNA LET THAT PATIENT DIE WITHOUT EVEN TRYING TO HELP...
IT'S BETTER THAN DOING NOTHING
BECAUSE...
IF I SCREW UP, THEN I'M A MURDERER.


No!!!
IT'S THE HOSPITAL'S FAULT FOR LEAVING AN INTERN LIKE ME HERE ALONE ALL NIGHT!

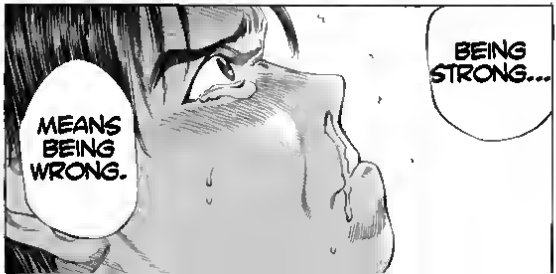
IF YOU DON'T HAVE ENOUGH DOCTORS, YOU SHOULDN'T EVEN ACCEPT ANY PATIENTS!
BUT ALL YOU CARE ABOUT IS MONEY, RIGHT!?

SO?
WE'RE SAVING PEOPLE'S LIVES.
WHAT'S WRONG WITH OVERCHARGING FOR IT?

WHAT DOES ME TAKING SOMEONE'S MONEY...
AND YOU NOT OPERATING ON THAT PATIENT HAVE ANYTHING TO DO WITH EACH OTHER?
YOU'RE A DOCTOR...
WHETHER YOU'RE NEW OR INEXPERIENCED, TO THE PATIENT, YOU'RE STILL A DOCTOR.
YOU THINK THAT IF YOU SCREW UP THE OPERATION, YOU'RE A MURDERER?
WHEN IT COMES DOWN TO IT, IT'S THAT PATIENT'S FAULT FOR CAUSING THE ACCIDENT IN THE FIRST PLACE.

DON'T GIVE ME ANY MORE OF YOUR FANCY PHILOSOPHICAL ARGUMENTS.
DO THE OPERATIONS NO MATTER WHAT.

BEING RIGHT JUST MEANS BEING WEAK.

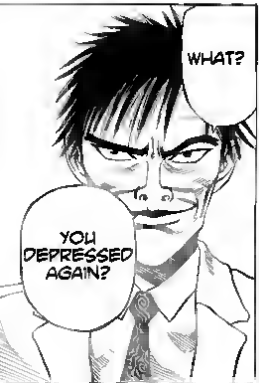

BEING STRONG...
MEANS BEING WRONG.

SINCE THE MOMENT YOU GOT YOUR MEDICAL LICENSE, YOU STOPPED BEING A NORMAL PERSON.
YOU'RE A DOCTOR.

BE STRONG.

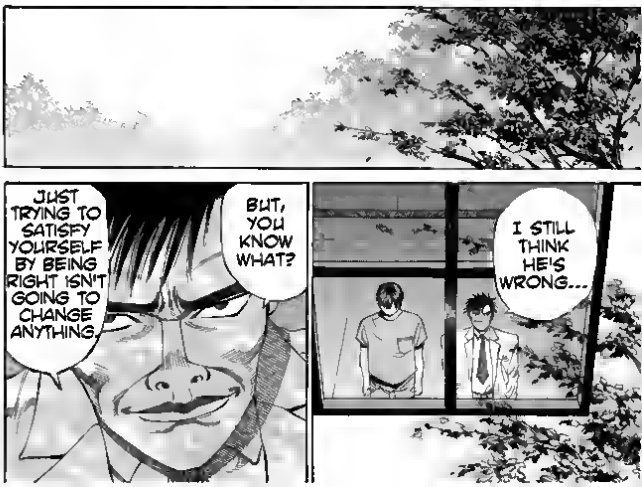
MR. USHIDA...

HEY, 'SUP?
EIROKU GRAD!


WHAT?
YOU DEPRESSED AGAIN?

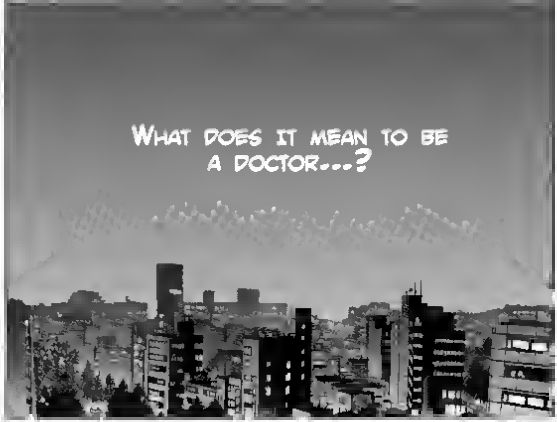
I GOT SO DRUNK I DIDN'T EVEN NOTICE YOUR PHONE CALL.
SORRY 'BOUT LAST NIGHT...

A LONG TIME AGO...
I ARGUED WITH WHAT THE DIRECTOR WAS DOING TOO...
"THE WAY YOU'RE DOING THINGS IS WRONG."
"HOSPITALS AREN'T A TOOL FOR MAKIN' MONEY."
Y'KNOW? THAT'S WHAT I TOLD HIM...


BUT, YOU KNOW WHAT?
JUST TRYING TO SATISFY YOURSELF BY BEING RIGHT ISN'T GOING TO CHANGE ANYTHING.
I STILL THINK HE'S WRONG...

THE TRUTH IS...
THAT MAN IS SAVING PEOPLE'S LIVES...
YOU'RE OKAY!!
HIROSHI, YOU'RE REALLY OKAY!!
WHAT THE HELL...?

WHAT DOES IT EVEN MEAN
TO BE A DOCTOR...?

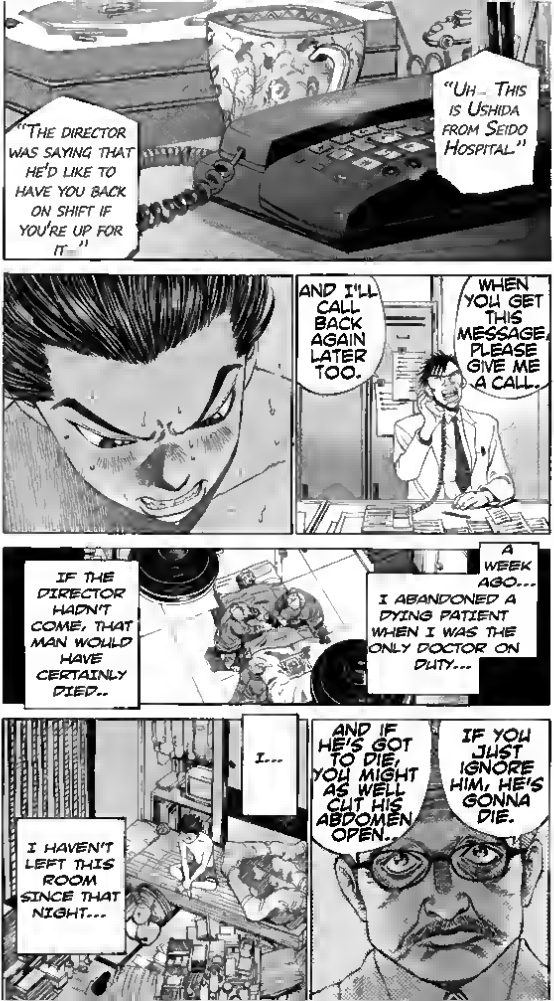

WHAT DOES IT MEAN TO BE A DOCTOR...?

AND I STILL DON'T HAVE AN ANSWER...
IT'S BEEN A WEEK SINCE THAT NIGHT...

TOLL

TOLL
TOLL

#2
Eels and Godhands
"I'M NOT HOME RIGHT NOW."
"PLEASE LEAVE A MESSAGE AFTER THE BEEP."


"Uh... This is Ushida from Seido Hospital."
"The director was saying that he'd like to have you back on shift if you're up for it..."
When you get this message, please give me a call.
And I'll call back again later too.
A week ago... I abandoned a dying patient when I was the only doctor on duty...
If the director hadn't come, that man would have certainly died..
I...
And if he's got to die, you might as well cut his abdomen open..
If you just ignore him, he's gonna die.
I haven't left this room since that night...

I WANNA GO BACK HOME!!!

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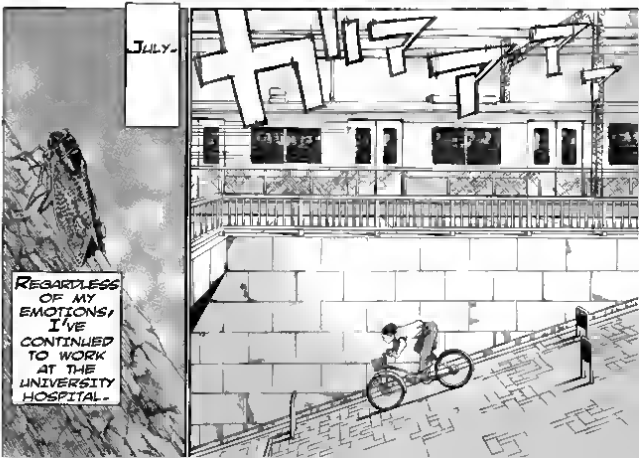
JULY.
REGARDLESS OF MY EMOTIONS, I'VE CONTINUED TO WORK AT THE UNIVERSITY HOSPITAL.
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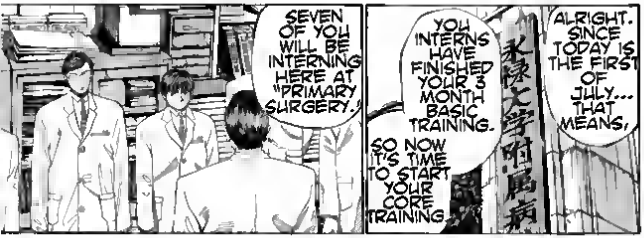

ALRIGHT. SINCE TODAY IS THE FIRST OF JULY... THAT MEANS,
YOU INTERNS HAVE FINISHED YOUR 3 MONTH BASIC TRAINING.
SO NOW IT'S TIME TO START YOUR CORE TRAINING.
SEVEN OF YOU WILL BE INTERNING HERE AT "PRIMARY SURGERY."

KUNIYA DEKUNE.
EIJIRO SAITO.

SHLURP
GOOD MORNING!
IT'S TIME TO DRAW BLOOD!

HOW ABOUT MEETING MY DAUGHTER NEXT TIME?
HEY, DOC. YOU GUYS MAKE A LOT O' MONEY, RIGHT?

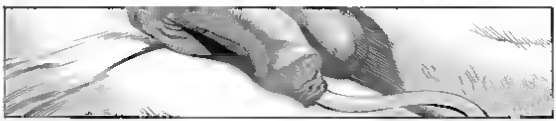
I GET IT OKAY? STOP TAKING IT OUT ON ME, SAITO.
THAT IF I WASN'T DOING MY NIGHT SHIFT, I WOULDN'T BE ABLE TO EAT!!
I MAKE A MEASLY $449 A MONTH! I'M SO POOR,
WHY DOES EVERYONE THINK US DOCTORS ARE RICH?

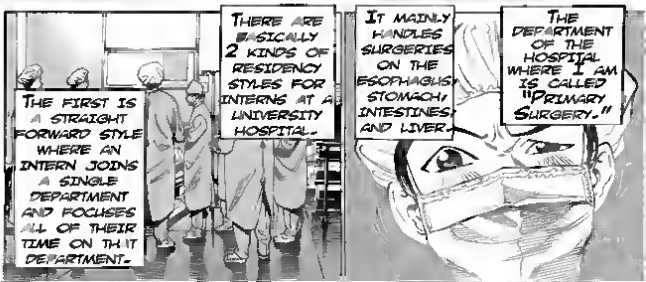
ONCE YOU'VE FINISHED GETTING READY, GO TO THE OPERATION ROOM.
I'LL START THE EXPLANATION WHEN EVERYONE'S THERE.

NORMALLY THE MEDICAL DEPARTMENT ATTACHED TO A UNIVERSITY--- IN OTHER WORDS, THE UNIVERSITY HOSPITAL...
YOU MAY ALREADY KNOW THIS, BUT UNIVERSITY HOSPITALS ARE UNIQUE IN THAT THEY HAVE 3 SPECIFIC GOALS: EDUCATION, RESEARCH, AND MEDICAL CARE.

TODAY'S PATIENT IS A 75 YEAR OLD MALE.
HE HAS RUPTURED ESOPHAGEAL VARICES DUE TO HEPATIC CIRRHOSIS, FURTHER COMPLICATED BY A HEPATIC COMA.

---IS NOT THERE WITH ONLY THE PURPOSE OF PROVIDING MEDICAL CARE.




THE FIRST IS A STRAIGHT FORWARD STYLE WHERE AN INTERN JOINS A SINGLE DEPARTMENT AND FOCUSES ALL OF THEIR TIME ON THAT DEPARTMENT.
THERE ARE BASICALLY 2 KINDS OF RESIDENCY STYLES FOR INTERNS AT A UNIVERSITY HOSPITAL.
IT MAINLY HANDLES SURGERIES ON THE ESOPHAGUS, STOMACH, INTESTINES, AND LIVER.
THE DEPARTMENT OF THE HOSPITAL WHERE I AM IS CALLED "PRIMARY SURGERY."

Eiroku University's hospital follows the heavy rotation style.
We spend 2 to 3 months at each department, learning as much as we can.
The second is a heavily rotating style where an intern moves from department to department for about 2 years.
And, after 2 years....
We decide which department we would like to continue working in.
The professor himself will be operating on the patient today.
Professor Kashikabe will be here in a few moments.

Professor Kasukabe "Godhands"
Eiroku University's very own miracle doctor who's never made a mistake in 30 years of operating on patients.

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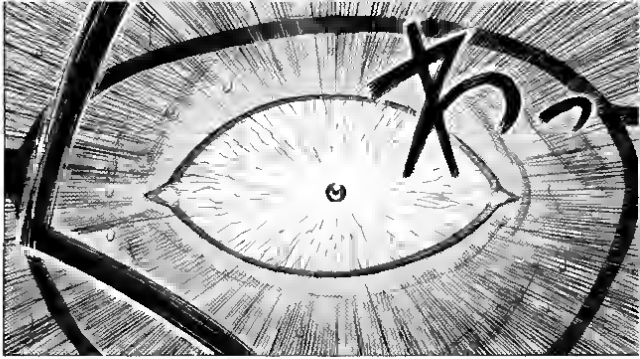
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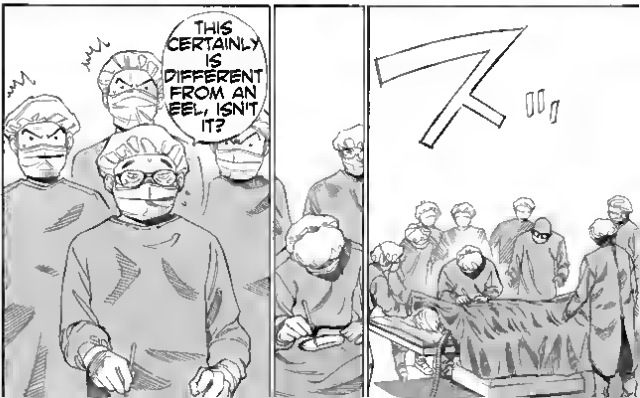
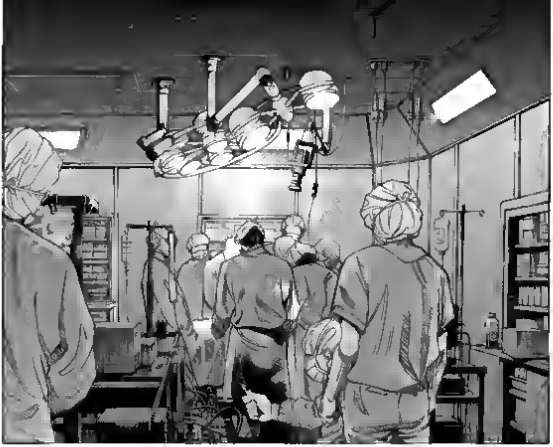
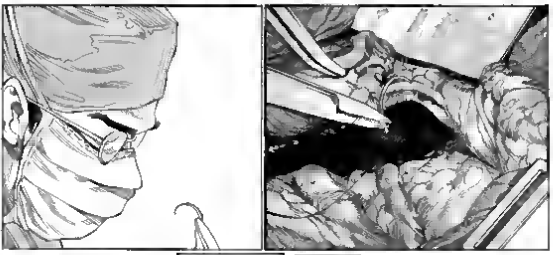

THIS CERTAINLY IS DIFFERENT FROM AN EEL, ISN'T IT?

WELL, THEN, I'LL LEAVE THE REST UP TO YOU.
I'LL BE RETURNING TO MY RESEARCH.
MM.
THAT WAS AN EXCELLENT INCISION, PROFESSOR.
WHAT THE HELL...
JUST HAPPENED?
HEY, YOU BACK THERE. RETURN TO THE OPERATING TABLE.
GETTING BACK TO THE OPERATION

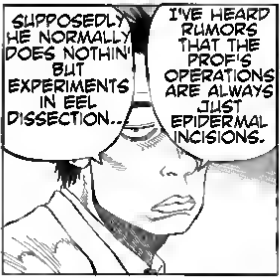




HE'S NOT VERY FAST, BUT HE SURE DOES HIS JOB CAREFULLY AND THOROUGHLY....
THIS DOCTOR...

IF I EVER GET SICK, I'M NEVER COMING TO A UNIVERSITY HOSPITAL...
HA+
HA+
HA+
PUT ON THE TABLE BUCK NAKED...
THAT MEANS HAVING MY DICK STARED AT BY INTERNS LIKE US, HUH?
HEY, SAITO.
LET'S GO DRINKING WITH SOME GIRLS, MAN. GIRLS!
I DON'T WANT TO JUST LOOK AT GUYS' DICKS ALL DAY.
CAN'T...
THEN DO SOME MORE OF THAT PART TIME JOB.
YOU MAKE $900 IN A SINGLE NIGHT, RIGHT?
I DON'T HAVE THE TIME OR THE MONEY.

I CAN'T...

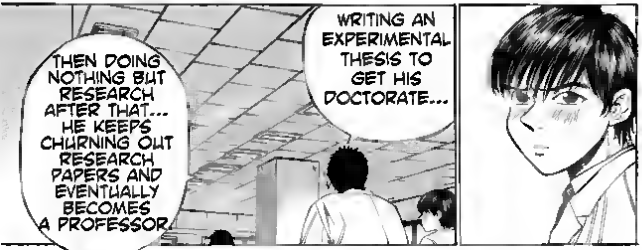

SUPPOSEDLY HE NORMALLY DOES NOTHIN' BUT EXPERIMENTS IN EEL DISSECTION...
I'VE HEARD RUMORS THAT THE PROF'S OPERATIONS ARE ALWAYS JUST EPIDERMAL INCISIONS.

HEY, DEKUNE.
WHAT WAS THE POINT OF THAT PROFESSOR OPERATING BACK THERE...?

30 YEARS OF NOTHING BUT EPIDERMAL INCISIONS...
食券販売
YEAH, I SUPPOSE HE WOULDN'T MAKE MISTAKES, NOW WOULD HE?

BUT HE'S NEVER MADE A MISTAKE IN 30 YEARS OF OPERATING, RIGHT...?

THE FACT THAT HE'S A PROFESSOR,
DOES NOT NECESSARILY MEAN THAT HE'S A SKILLED PHYSICIAN.


WRITING AN EXPERIMENTAL THESIS TO GET HIS DOCTORATE...
THEN DOING NOTHING BUT RESEARCH AFTER THAT... HE KEEPS CHURNING OUT RESEARCH PAPERS AND EVENTUALLY BECOMES A PROFESSOR.

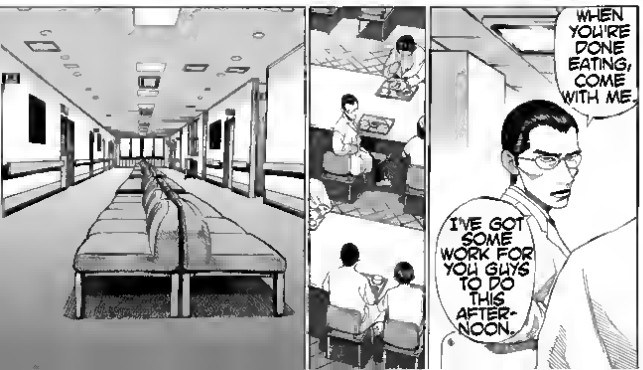
A SKILLED DOCTOR DOING THE ROUNDS AT A HOSPITAL FOR THE PATIENTS' SAKES...
...COULD NEVER BECOME A PROFESSOR.

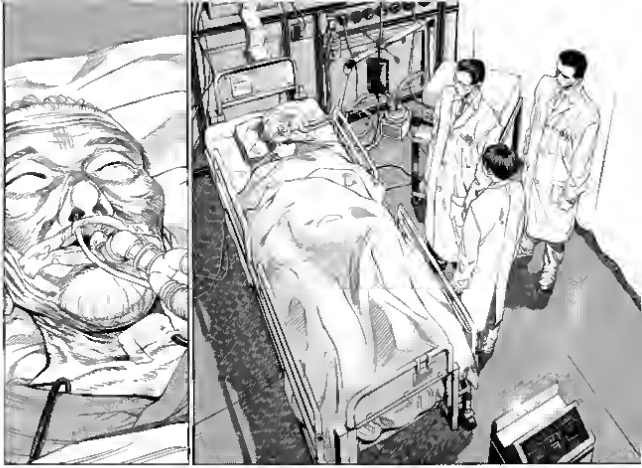
I MEAN, HE'S A "PROFESSOR."
THERE'S GOTTA BE A REASON FOR THIS.
BUT...
IF HE'S NOT CONFIDENT IN HIS ABILITY TO OPERATE, THEN WHY DOES HE DO IT?

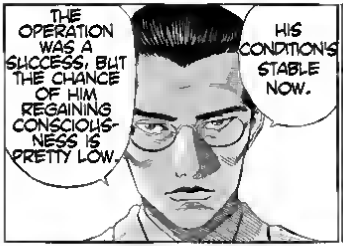
IN THIS CASE, IT'S MONEY.

AH...
YOU WERE THE DOCTOR BACK IN THE "OR"...
FROM THE FAMILY'S PERSPECTIVE, THEY FEEL SAFE ASKING THE LEGENDARY EIROKU UNIVERSITY PROFESSOR TO DO THE OPERATION.
THE PROFESSOR RECEIVED ABOUT 10 THOUSAND DOLLARS FROM THE PATIENT'S FAMILY.

TAKAHISA SHIRATORI FROM PRIMARY SURGERY.
I'M THE SUPERVISING DOCTOR FOR BOTH OF YOU.


WHEN YOU'RE DONE EATING, COME WITH ME.
I'VE GOT SOME WORK FOR YOU GUYS TO DO THIS AFTER-NOON.



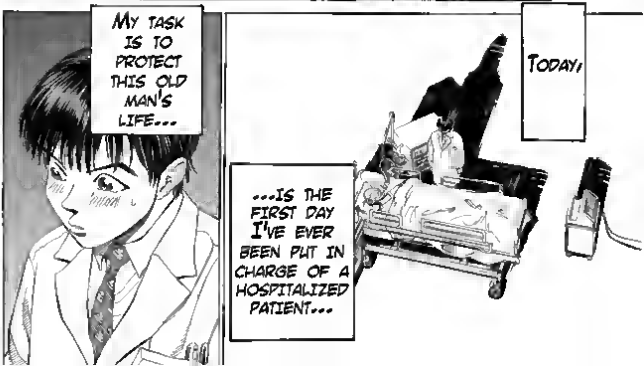

THE OPERATION WAS A SUCCESS, BUT THE CHANCE OF HIM REGAINING CONSCIOUSNESS IS PRETTY LOW.
HIS CONDITION'S STABLE NOW.

THE OLD MAN WE WERE OPERATING ON, RIGHT?
THIS IS...

AND ON TOP OF THAT, HE HAS RENAL FAILURE DUE TO MASSIVE HEMORRHAGING CAUSED BY HIS RUPTURED ESOPHAGEAL VARICES.
SERIOUS LIVER FAILURE COMPOUNDED WITH A COMATOSE STATE.

USE THE DIURETIC LASIX TO SECURE THE PATIENT'S URINE OUTPUT AND THEN WRITE UP A RECORD OF HIS OPERATION.
FOR THE MOMENT THAT'S ALL I WANT YOU TO DO.
DR. SAITO.
I'M GOING TO ASK YOU TO TAKE CARE OF THIS PATIENT.
HE'S NOT GOING TO BE WORKING WITH ME...?
HUH?
DR. DEKUNE
I HAVE ANOTHER PATIENT FOR YOU.
WHAT THE HELL ARE YOU TALKING ABOUT?
IT'S COMMON SENSE THAT AN INTERN AT ANY HOSPITAL WOULD DO THIS KIND OF WORK BY HIMSELF.

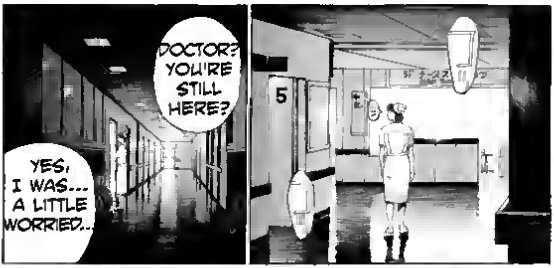
THE DOCTOR IN CHARGE OF THIS PATIENT...
IS YOU!

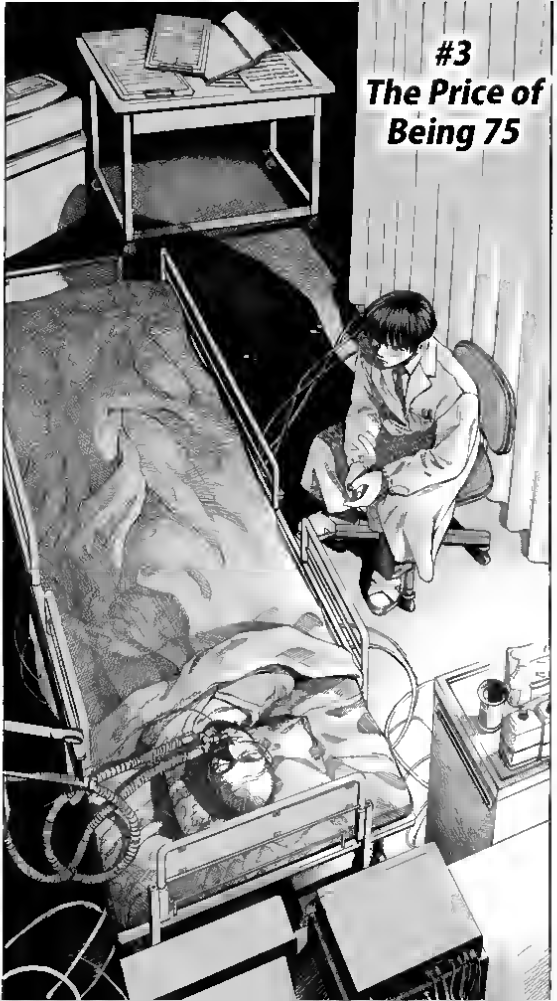

MY TASK IS TO PROTECT THIS OLD MAN'S LIFE...
TODAY,
...IS THE FIRST DAY I'VE EVER BEEN PUT IN CHARGE OF A HOSPITALIZED PATIENT...

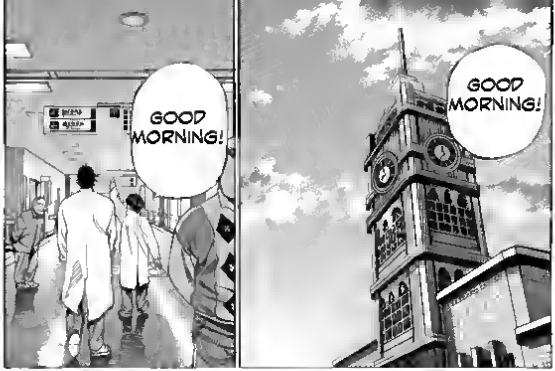
Toshio Kaneko, 75 years old...
Yesterday he collapsed at his home and was brought unconscious to the hospital.
I hold this man's life...
In my hands...
You're a doctor...
Whether you're new or inexperienced, to the patient, you're still a doctor.
This is a test...

I'M BEING TESTED...

ON WHETHER I CAN BECOME A REAL DOCTOR OR NOT!!


DOCTOR? YOU'RE STILL HERE?
YES, I WAS... A LITTLE WORRIED...


#3
The Price of
Being 75


GOOD MORNING!
GOOD MORNING!

ムフー
WHAT'S UP WITH YOU, SAITO?
YOU SURE ARE PUMPED UP TODAY.

PRIMARY SURGERY
DR. SAITO?
YOU USED ALL OF THESE ON THAT OLD MAN?
6 VIALS OF PLASMANATE CUTTER.
5 GRAMS OF GLOBULIN.
60 UNITS OF BLOOD PLATELETS.

AS A RESULT, HE IS IN THE BEST OF SHAPE TODAY!
YES, SIR!!

I WILL TELL YOU EVERYTHING YOU NEED TO DO.
DON'T GO OVER-BOARD.

I'M SURE HE'S HAPPY TO HAVE BEEN OPERATED ON BY SUCH AN ESTEEMED DOCTOR!
517
金子敏夫
笠原 誠
吉村直之
高原一彰
THANK YOU, PROFESSOR!

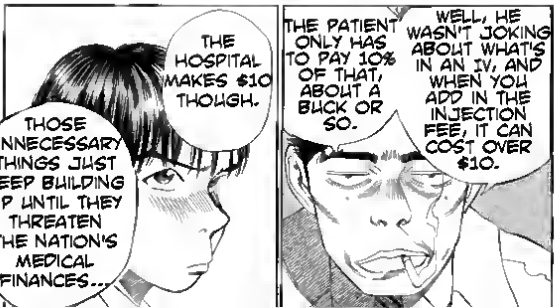
THE OPERATION ITSELF WAS 100% SUCCESSFUL, BUT SINCE THERE HAVE BEEN COMPLICATIONS TO HIS HEART...
HIS CONDITION HAS BEEN PRETTY GOOD SINCE THE OPERATION.
THIS IS THE MAN WHO ASSISTED ME ON THE OPERATION, DR. SHIRATORI.
AND THE RESIDENT INTERN IN CHARGE OF MR. KANEKO, DR.-, UHM...
I'M NOT SURE IF HE CAN RECOVER WITHOUT SUFFERING A PULMONARY EMBOLISM... OR HEART FAILURE.
TO BE HONEST, HOW IT GOES FROM HERE WILL REALLY DEPEND ON HIS ABILITY TO STAY ALIVE.
SAITO, SIR!!

WELL, YOU CERTAINLY HAVE GOTTEN BETTER.
I'LL WORK ON THE PAPERWORK TO HAVE YOU RELEASED FROM THE HOSPITAL THIS AFTERNOON.
HEY, DOC.
SINCE I'M HERE ANYWAY, WHY DONCHA GIVE ME ONE MORE IV?
AFTER ONE OF THOSE, I'M RARING TO GO!
I ALWAYS GO TO THE NEARBY CLINIC AND HAVE THEM GIVE ME AN IV.
HM...
AN IV, HUH...?

DO YOU KNOW WHAT'S IN AN IV?
MR. KUWAZAWA.
A 500CC IV CONTAINS NO MORE THAN 25 GRAMS OF GLUCOSE.
THAT'S A MERE 100 CALORIES OF NUTRITION, ABOUT THE SAME AS HALF A CUP OF MILK.
JAPAN IS THE ONLY PLACE IN THE WORLD THAT ACTUALLY GIVES AN IV TO SOMEONE WHO ISN'T DEHYDRATED.
IT'S LIKE A PLACEBO
YES...
THERE'S NO REASON TO DO AN IV?
MEANING THAT...

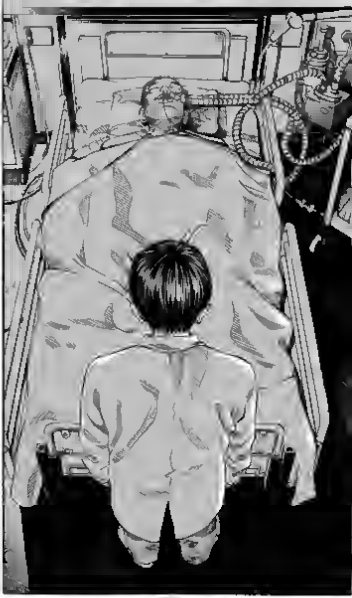
I DIDN'T EXPECT THAT...
DR. SHIRATORI CAN ACTUALLY SMILE IN FRONT OF A PATIENT.

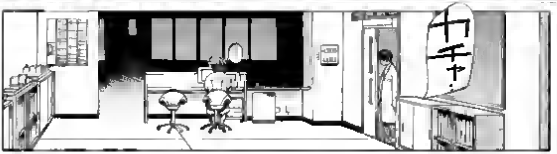
BUT A DOCTOR THAT DOESN'T RECOMMEND DOING AN IV SURE IS RARE, HUH?


THE HOSPITAL MAKES $10 THOUGH.
THOSE UNNECESSARY THINGS JUST KEEP BUILDING UP UNTIL THEY THREATEN THE NATION'S MEDICAL FINANCES...
THE PATIENT ONLY HAS TO PAY 10% OF THAT, ABOUT A BUCK OR SO.
WELL, HE WASN'T JOKING ABOUT WHAT'S IN AN IV, AND WHEN YOU ADD IN THE INJECTION FEE, IT CAN COST OVER $10.

YOU DON'T HAVE TO GO OUTTA YOUR WAY AND TRY SO HARD...
HELL, WE'RE ONLY MAKING $450 A MONTH, ANYWAY...
I WONDER IF HE WAS TELLING ME TO STOP WASTING MEDICAL FEES ON THINGS THAT DIDN'T MATTER...
DR. SHIRATORI GOT MAD AT ME THIS MORNING FOR DOING UNNECESSARY TREATMENT...

THEN GO BACK TO THAT PART-TIME JOB.
UH... IT'S... JUST...
THIS TIME I REALLY WANT TO GET OVER THOSE MISTAKES I MADE ON MY SHIFT!!
NO!!

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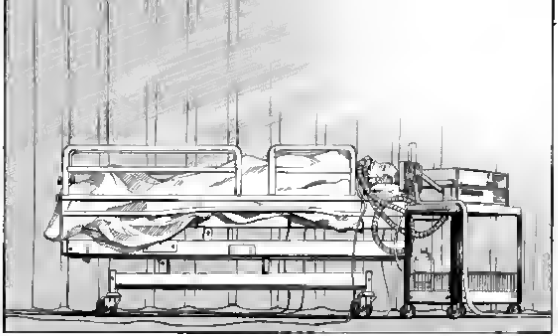
ARE YOU GOING HOME NOW, DOCTOR?

Mr. Eijiro Gosh
How are ya, Eiji
Since I couldn't
of you by phone, I decided
to send you a postcard.
The patient from the last
time you were here's doing
well. Come back to the
hospital to work, man!
Hey!
Lishida
It was from the doctor I had worked with at my part-time job.
When I got back to my apartment, there was a postcard in my mail box...
"How are you doing, Eijiro?"
"It'll be the Bon Festival pretty soon. We're looking forward to seeing you, honey!"
"You have 1 message."
"Hellooo? It's Mom."



WHM... DR. SHIRATORI.
MR. KANEKO'S ANURIA HAS CONTINUED SINCE YESTERDAY.
AND HIS BUN IS ELEVATED UP TO 110...SO I'D LIKE TO PERFORM A PERITONEAL DIALYSIS.
YOU DON'T HAVE TO DO ANY-THING..
ナナ
ナナ
ナナ

BUT, DOCTOR,
IF WE DON'T DO ANYTHING, MR. KANEKO IS GOING TO...
ナナ

HUH...?
WHAT THAT SURGERY WAS ALL ABOUT...
YOU STILL DON'T GET IT, DO YOU?
THE PATIENT WAS BROUGHT HERE UNCONSCIOUS AFTER COLLAPSING.
DESPITE THAT, WE PERFORMED THE SURGERY AN ENTIRE DAY LATER.
DO YOU HAVE ANY IDEA WHY WE DIDN'T IMMEDIATELY OPERATE ON A MAN WHO WAS ABOUT TO DIE?
IT WAS BECAUSE IT WAS ALREADY TOO LATE FROM THE BEGINNING.

B... BUT...
BUT WE DID THE OPERATION, DIDN'T WE...?
UNDER INSTRUCTIONS FROM THE PROFESSOR.
I THOUGHT I TOLD YOU THE PROFESSOR RECEIVED $10000 FROM THE PATIENT'S FAMILY.
WE OPENED UP THAT OLD MAN'S BODY FOR NO OTHER REASON THAN THE $10000 THEY GAVE HIM.
IN OTHER WORDS...
WHATEVER WE DO FOR HIM NOW IS MEANINGLESS.

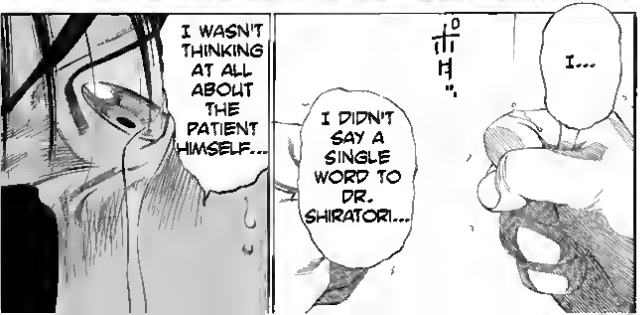
BUT IN REALITY, THIS KIND OF TERMINAL CARE COSTS ABOUT 100 THOUSAND DOLLARS.
THANKS TO THE INSURANCE SYSTEM, THE FEES PAID BY THE PATIENT ARE ONLY IN THE TENS OF THOUSANDS OF DOLLARS EACH MONTH...

DO YOU REALLY WANT TO SPEND TENS OF MILLIONS OF CITIZENS' MONEY JUST TO KEEP AN OLD MAN WITH VIRTUALLY NO CHANCE OF RECOVERY?
THOSE COSTS ARE TAKEN FROM THE STOCK OF MEDICAL MONEY ALL OF JAPAN'S CITIZENS HAVE CONTRIBUTED.

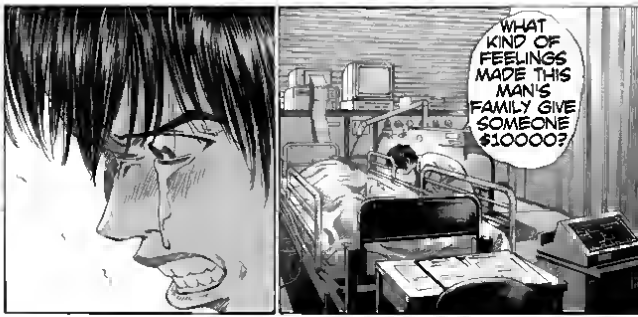
IT'S SAID THAT THEY WILL INCREASE TO 800 MILLION DOLLARS 15 YEARS FROM NOW...WHERE ARE YOU GONNA GET THAT MONEY?
THE CURRENT MEDICAL COSTS IN JAPAN ARE AROUND 500 MILLION DOLLARS...

IF THINGS GO THAT WAY, JAPAN'S MEDICAL ECONOMY WILL COLLAPSE...
UNNECESSARY LIFE-PROLONGING TREATMENT IS A SOCIAL EVIL!!
IF YOU CAN CALL LIFE-PROLONGING TREATMENT A "SOCIAL EVIL"...
THEN WHY DID WE DO THE SURGERY?
THEN WHY DIDN'T YOU OPPOSE THE PROFESSOR'S INSTRUCTIONS?

I'M THE SAME.


I...
I DIDN'T SAY A SINGLE WORD TO DR. SHIRATORI...
I WASN'T THINKING AT ALL ABOUT THE PATIENT HIMSELF...

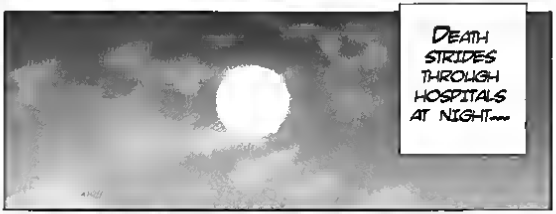
I COULDN'T HELP BUT THINK ABOUT ANYTHING BUT MY OWN MISTAKES.
I HAD FORGOT ABOUT THE PATIENT UNTIL THAT POSTCARD CAME.
"THIS IS A TEST..."
"IF I CAN SAVE THIS MAN, THEN I'M A REAL DOCTOR."
I WAS ONLY THINKING ABOUT MYSELF.


WHAT KIND OF FEELINGS MADE THIS MAN'S FAMILY GIVE SOMEONE $10000?

MR. KANEKO...

Do you...

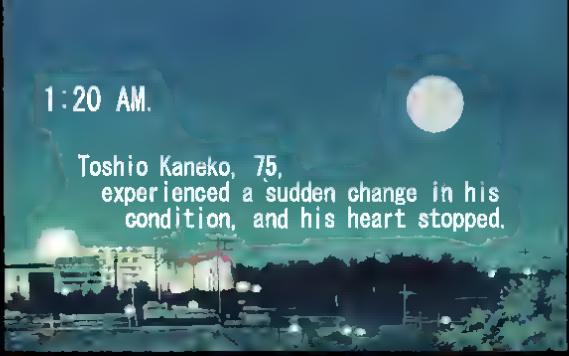
want to live...?

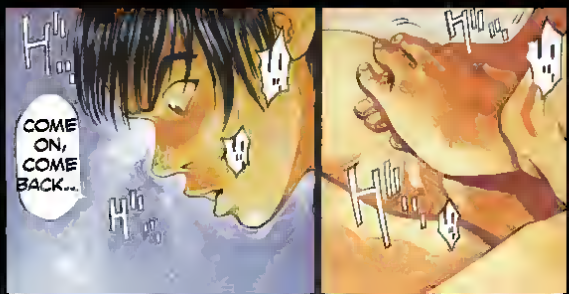

DEATH STRIDES THROUGH HOSPITALS AT NIGHT....

FROM THE 1,100 BEDS IN EIROKU UNIVERSITY'S HOSPITAL....
HOW MANY PATIENTS DIE IN A SINGLE NIGHT....?

MR. KANEKO'S CONDITION HAS TAKEN A SUDDEN TURN FOR THE WORSE!!
PLEASE WAKE UP!!
DOCTOR, IT'S AN EMERGENCY!
DOCTOR, PLEASE WAKE UP!!
517

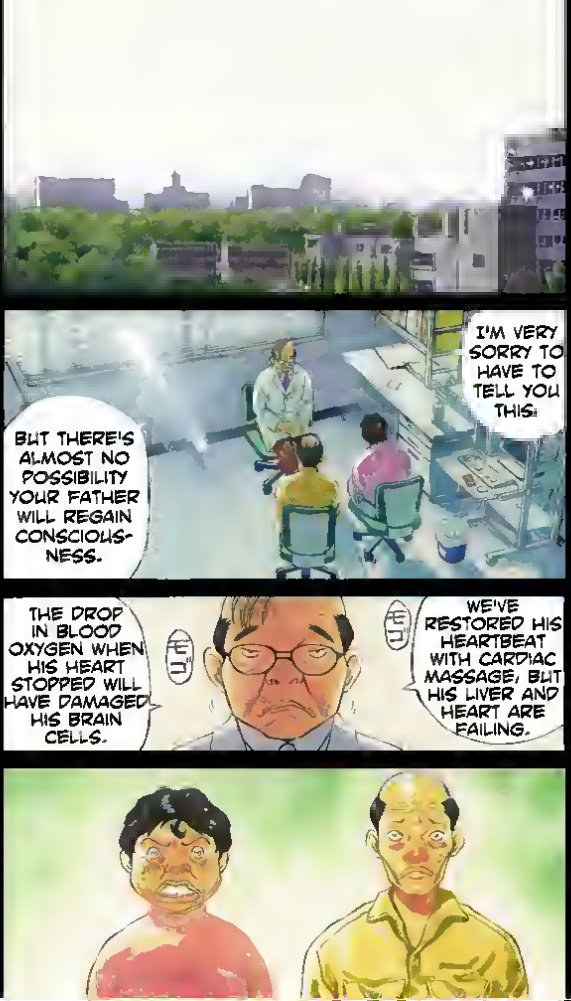
HE HAS NO PULSE.

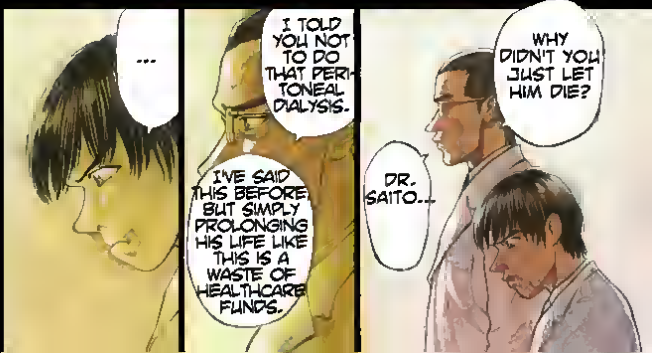

1:20 AM.
Toshio Kaneko, 75,
experienced a sudden change in his condition, and his heart stopped.


COME ON, COME BACK...

Come back!

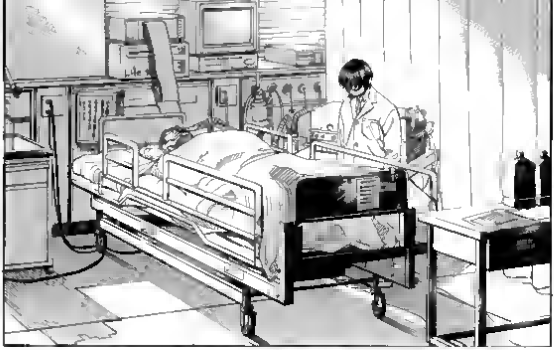
#4
Summer Clouds


I'M VERY SORRY TO HAVE TO TELL YOU THIS.
BUT THERE'S ALMOST NO POSSIBILITY YOUR FATHER WILL REGAIN CONSCIOUSNESS.
THE DROP IN BLOOD OXYGEN WHEN HIS HEART STOPPED WILL HAVE DAMAGED HIS BRAIN CELLS.
WE'VE RESTORED HIS HEARTBEAT WITH CARDIAC MASSAGE, BUT HIS LIVER AND HEART ARE FAILING.


...
I TOLD YOU NOT TO DO THAT PERITONEAL DIALYSIS.
I'VE SAID THIS BEFORE, BUT SIMPLY PROLONGING HIS LIFE LIKE THIS IS A WASTE OF HEALTHCARE FUNDS.
DR. SAITO...
WHY DIDN'T YOU JUST LET HIM DIE?

I'VE SEEN HUNDREDS OF PATIENTS JUST LIKE THIS ONE.
ALL THE DYING NEED IS SOMEONE TO BE THERE FOR THEM.
TELL ME, DR. SHIRATORI.
IS IT REALLY SUCH A CRIME FOR A DOCTOR TO TRY TO SAVE HIS PATIENT?
ARE YOU SAYING WE SHOULD JUST SHUT UP AND WATCH THEM DIE?
EXACTLY.

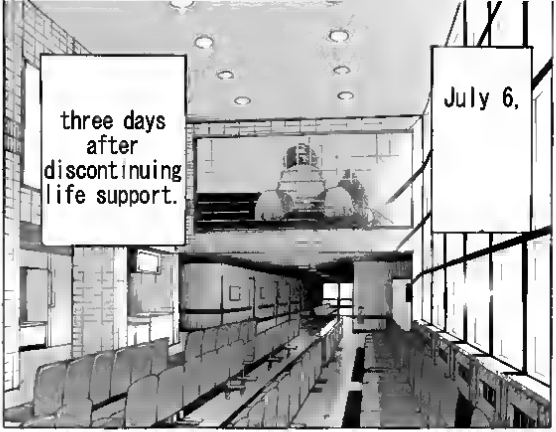
WE'LL LET YOU HANDLE IT.
WE DON'T UNDER STAND ALL THIS...
EH...
EH
THEN WE'LL REMOVE HIS LIFE SUPPORT.

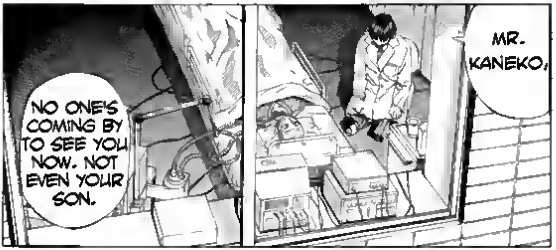


MR. KANEKO...
IS THERE REALLY NOBODY IN THERE ANYMORE?

EVEN IF YOU CAN'T MOVE YOUR EYES OR YOUR MOUTH OR YOUR BODY...
DOESN'T THAT JUST MEAN YOU CAN'T TELL PEOPLE WHAT YOU'RE THINKING?

PLEASE, ANSWER ME THIS:
ARE YOU OKAY WITH THIS BEING THE END?


three days after discontinuing life support.
July 6,


NO ONE'S COMING BY TO SEE YOU NOW. NOT EVEN YOUR SON.
MR. KANEKO,

WAS THAT MONEY A FAREWELL PRESENT...?
I WONDER WHY?
BUT ONCE WE DECIDED TO LET YOU DIE, HE DOESN'T EVEN VISIT ANYMORE.
HE PAID ¥10000 FOR YOUR OPERATION, TOO.

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ゴミ
ゴミ

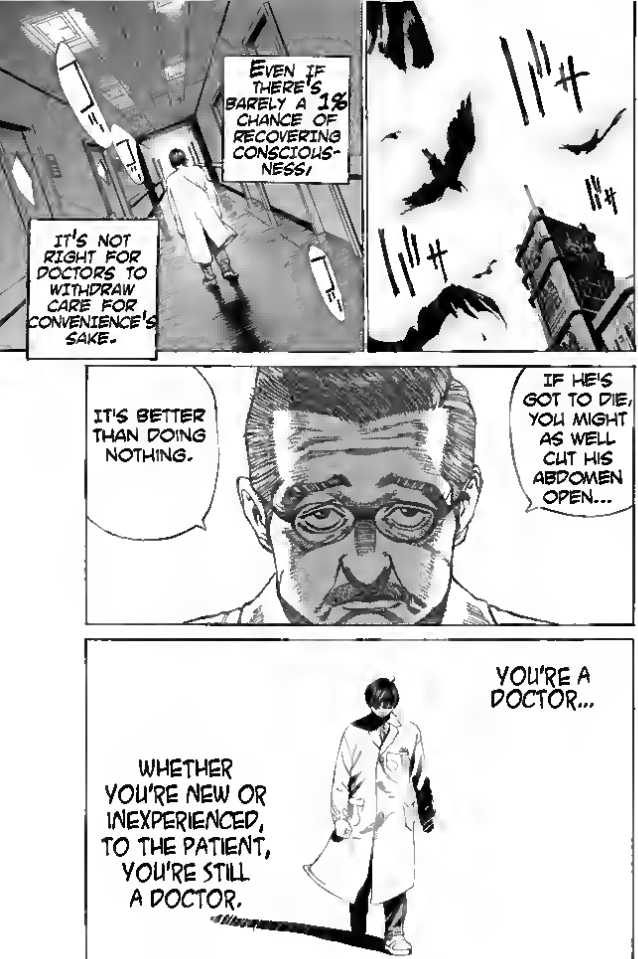
GOOD MORNING.

EVEN COMATOSE PATIENTS GET DIRTY. AND HE'LL GET BED-SORES, TOO, IF WE DON'T MOVE HIM.
WELL, DOCTOR.
ゴミ
ゴミ
...
WHAT ARE YOU DOING?

?
IT'S GROWING

IT'S GROWING
HIS BEARD--

HELP ME, DOCTOR...
I AIN'T READY TO DIE...
DOCTOR... PLEASE...
YOU DOCTORS ARE ALL ABOUT SAVING LIVES, AINTCHA?
CAN'T YOU DO SOMETHING?


EVEN IF THERE'S BARELY A 1% CHANCE OF RECOVERING CONSCIOUSNESS,
IT'S NOT RIGHT FOR DOCTORS TO WITHDRAW CARE FOR CONVENIENCE'S SAKE.
IT'S BETTER THAN DOING NOTHING.
IF HE'S GOT TO DIE, YOU MIGHT AS WELL CUT HIS ABDOMEN OPEN...
YOU'RE A DOCTOR...
WHETHER YOU'RE NEW OR INEXPERIENCED, TO THE PATIENT, YOU'RE STILL A DOCTOR.

I am!
I'm a doctor!
カチャ

IF IT ISN'T DR. SAITO!
CAN I HELP YOU?
P-PLEASE...
PLEASE LET ME GIVE MR. KANEKO PERITONEAL DIALYSIS AND A BLOOD TRANSFUSION!
I'M BEGGING YOU!
WE'VE GOT TO PUT MR. KANEKO BACK ON LIFE SUPPORT!

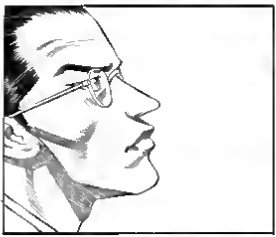
YOU JUST WANT TO CONVINCE YOURSELF YOU'VE DONE EVERYTHING YOU CAN.
HOW MANY TIMES DO I HAVE TO TELL YOU?
WE DON'T HAVE THE MONEY TO BLOW ON YOUR DAMN COMPLACENCY!!
UNNECESSARILY PROLONGING LIFE IS A SOCIAL EVIL.
I WANT SOMEONE LIKE DR. SHIRATORI TO OPERATE ON ME."
I THOUGHT, "IF I GET SICK,
I WAS MOVED.
WHEN I FIRST SAW YOU PERFORMING MR. KANEKO'S SURGERY...

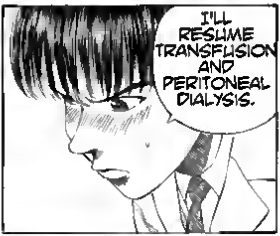
WHAT WAS GOING THROUGH YOUR HEAD DURING THAT OPERATION?
WHY DID YOU TAKE THE TIME TO DO SO WELL?
IF YOU FIGURED HE WAS GOING TO DIE ANYWAY,
THAT'S WHY? NOT BECAUSE YOU WANTED TO SAVE HIM!?
I'M A SURGEON.
I TAKE PRIDE IN MY WORK.

RINKY-DINK DOCTORS LIKE THAT WILL BE THE END OF MEDICINE AS WE KNOW IT.
QUIT TALKING LIKE AN AMATEUR!
BUT IF A PATIENT HA- EVEN A 1% CHANCE OF SURVIVAL, WE DOC- TO SAVE THEM!
TRUE, LIFE-PROLONGING MEASURES DO JACK UP HEALTH-CARE COSTS.
COME ON-- THAT'S A COP-OUT!
I WAS FOLLOW-ING ORDERS FROM MY ATTEND-ING.
IT'S NOT LIKE I WANTED TO.
YOU PER-FORMED A MEANING-LESS SUR-GERY. YOU DROVE UP HEALTH-CARE COSTS.
THEN HERE'S WHAT I DON'T UN-DERSTAND.
WHAT IF YOUR ATTEND-ING TOLD YOU TO EAT SHIT?

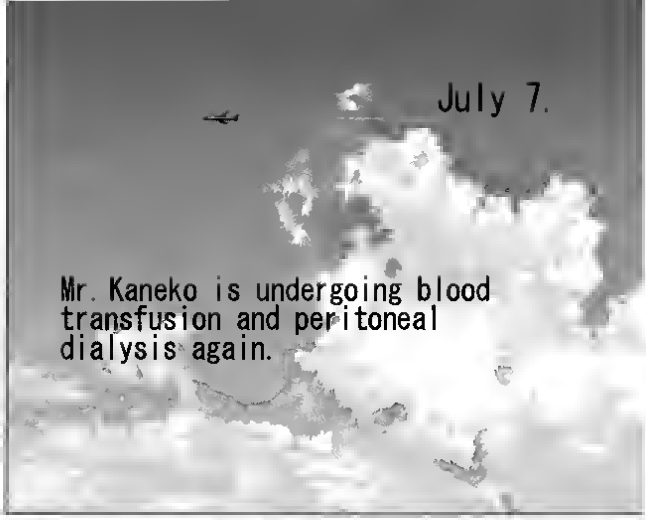
I'M PREPARED TO DO JUST THAT!
ONE DAY I'LL BE AN ATTENDING HERE MYSELF!
AND WHEN I AM, I'LL CHANGE THIS UNIVERSITY...
I'LL CHANGE EVERY EIROKU-AFFILIATED HOSPITAL IN THE NATION...
THEN I'LL CHANGE THE JAPANESE MEDICAL PRACTICE ITSELF!
AND THAT, IN THE END,
IS THE WAY TO SAVE MORE PEOPLE!
I DON'T WANT TO HEAR YOUR RATIONAL-IZATION.
DOCTOR...
WHAT ABOUT THAT PATIENT?

DON'T YOU...
DON'T YOU WANT TO SAVE HIM!?



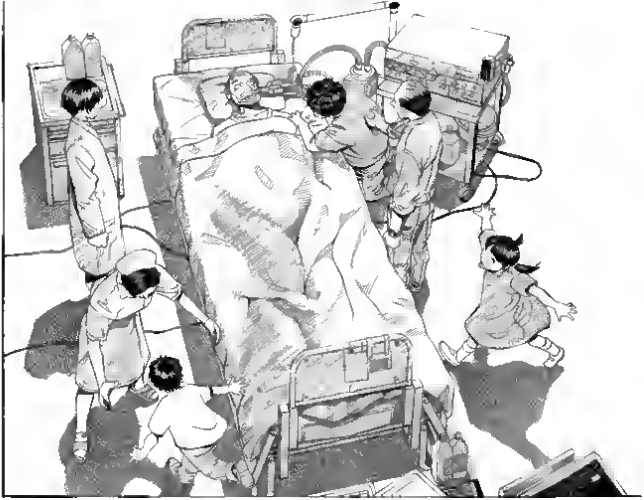

I'LL RESUME TRANSFUSION AND PERITONEAL DIALYSIS.

AFTER ALL...
I'M HIS DOCTOR!


July 7.
Mr. Kaneko is undergoing blood transfusion and peritoneal dialysis again.

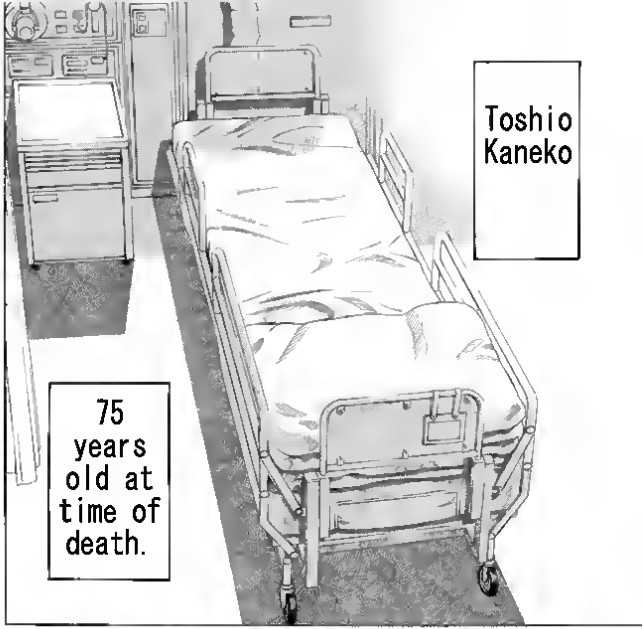
COME ON, DOCTOR!
GRAB THAT SHEET PROPERLY!
YOU DOCTORS ALWAYS LEAVE EVERYTHING FOR US NURSES TO DO!

カチャ
OH...



SOON AFTER WE RESUMED TREATMENT,
THE OLD MAN'S FAMILY STARTED COMING BY AGAIN.

DR. SHIRATORI,
I DON'T REALLY KNOW IF MR. KANEKO WANTS TO LIVE.
BUT...
I CAN TELL HIS FAMILY REALLY WANTS HIM TO, AT LEAST.
THEY TRULY DO.


Toshio Kaneko
75 years old at time of death.

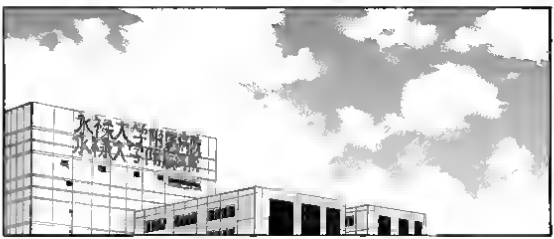
My first patient.

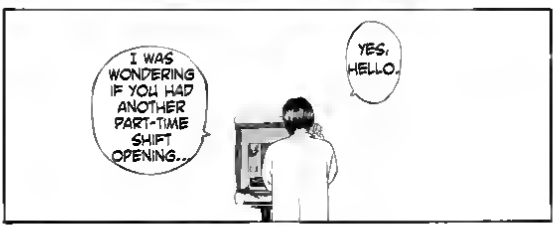
Here, these are his belongings.
Thank you so much.

I'M SO SORRY.
IF ONLY THERE WERE MORE I COULD HAVE DONE...
DOCTOR...
WHEN MY DAD FELL ILL, I WANTED TO DO SOMETHING TO HELP,
SO I GAVE THE ATTENDING A 10000 DOLLARS.
BUT WHAT IF HE WOUND UP BEDRIDDEN? WE BOTH WORK...
SO WHEN YOU SAID YOU'D TAKE HIM OFF LIFE SUPPORT, OUR GUILTY CONSCIENCES KEPT US AWAY FROM THE HOSPITAL...
I ADMIT WE HAD SOME CONCERNS.

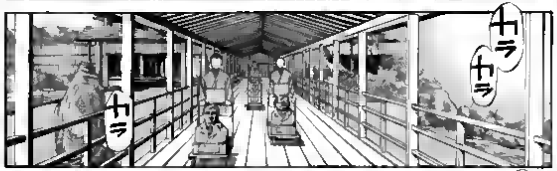
DAD HAD A GOOD DEATH.
THANK YOU...
FOR SEEING HIM THROUGH.

There's no good or bad way to die.
Death is death...
and I couldn't save that patient.
you under-stand
He's just the first in a long line of patients like him.
How long are you going to keep doing this?
Dr. Saito?




I WAS WONDERING IF YOU HAD ANOTHER PART-TIME SHIFT OPENING...
YES, HELLO.

Atami
Hot
Springs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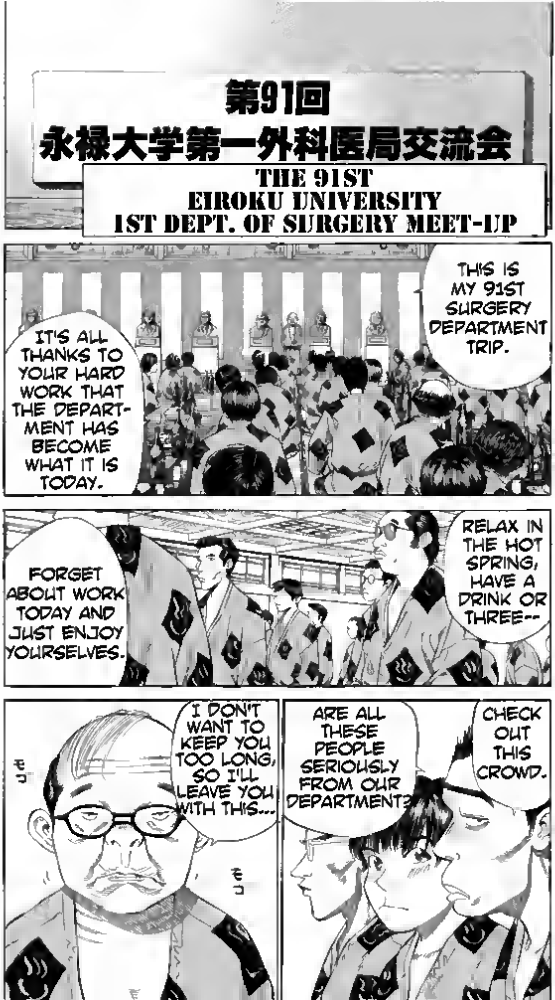
SAY,
WHY ARE WE LINING UP THESE BUSTS, ANYWAY?
REMEMBER? THAT WHOLE EIROKU THING IS TODAY.

カラ
カラ
第十一代十任教授
春日部一郎博士
11TH DEPARTMENT CHAIR
DR. ICHIRO KASUKABE

#5 Surgery, Internists, Departments, And Saito


第91回
永禄大学第一外科医局交流会
THE 91ST
EIROKU UNIVERSITY
1ST DEPT. OF SURGERY MEET-UP
THIS IS MY 91ST SURGERY DEPARTMENT TRIP.
IT'S ALL THANKS TO YOUR HARD WORK THAT THE DEPARTMENT HAS BECOME WHAT IT IS TODAY.
RELAX IN THE HOT SPRING, HAVE A DRINK OR THREE--
FORGET ABOUT WORK TODAY AND JUST ENJOY YOURSELVES.
I DON'T WANT TO KEEP YOU TOO LONG, SO I'LL LEAVE YOU WITH THIS...
もこ
もこ
ARE ALL THESE PEOPLE SERIOUSLY FROM OUR DEPARTMENT?
CHECK OUT THIS CROWD.

IF YOU'RE LOOKING TO GET DRUNK,
ALCOHOL REALLY DE-LIVERS!

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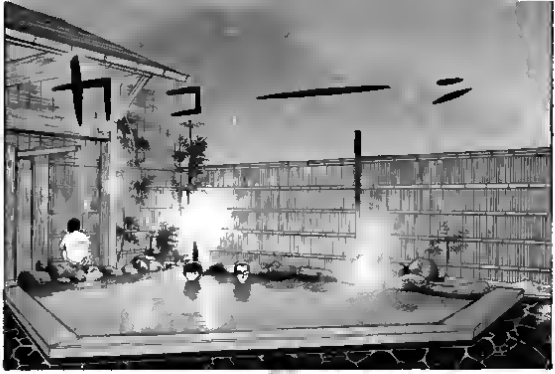
ピチ

Hey-
WHAT ARE YOU DOING, DR. SHIRATORI?

KA-SU-KA-BEI
HIP, HIP, HOORAY!
KA-SU-KA-BEI HIP HIP HOORAY!

IT'S THE 1ST DEPT. OF SURGERY LOINCLOTH LIFTOFF!
SHIRTS OFF, YOU GUYS!

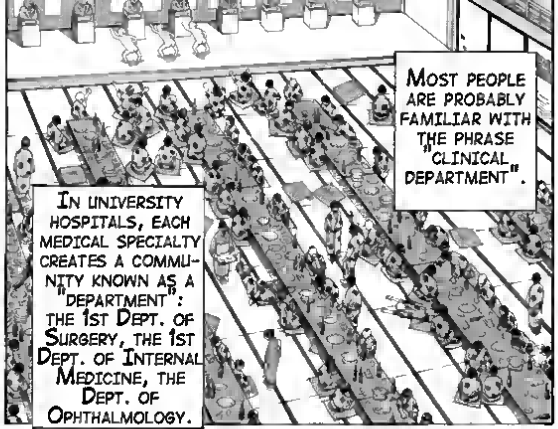

カコーン

THIS IS A DOCTOR'S WORLD, SAITO.

HEH
HEH
HEH

SHEER SKILL ALONE WON'T GET YOU ANYWHERE HERE.
BUT ENOUGH WHEELING AND DEALING IN THIS "COMPANY" AND YOU'LL GO FAR.

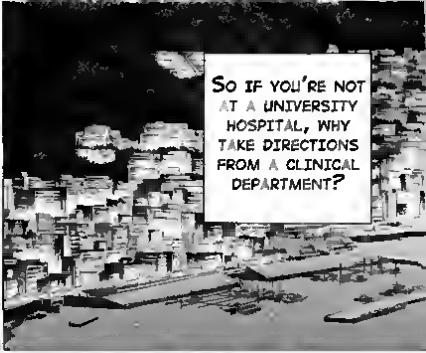
TAKE A GOOD, CLOSE LOOK...
DOCTORS ARE NO DIFFERENT FROM COMPANY EMPLOYEES.


Most people are probably familiar with the phrase "clinical department".
In university hospitals, each medical specialty creates a community known as a "department": the 1st Dept. of Surgery, the 1st Dept. of Internal Medicine, the Dept. of Ophthalmology.

Indeed, just about every doctor, whether in a university hospital, public hospital, private hospital,
or a local family practice is an alum of some university hospital's clinical department.

Please let me be your assistant professor.
Oh, Dr. Kashikabe!
We could really use more veteran doctors at our hospital...
Doctor!

LONG LIVE KABUKABE AND 1ST SURGE!!!!


So if you're not at a university hospital, why take directions from a clinical department?

Japanese hospitals are almost all affiliated with some university hospital or other.
Hospital A is affiliated with Tokyo U., Hospital B with Keio U., and so on.

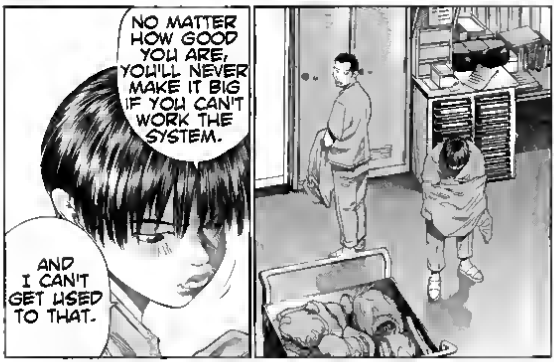
These affiliations aren't financial ones, of course.
But university clinical departments have authority over personnel in their affiliate hospitals.

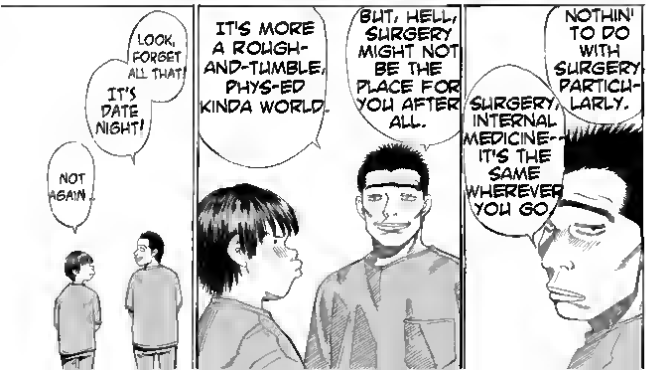
The chief of staff at my hospital just changed our affiliation to Y University...
DOCTOR!

In other words, private hospitals have to ask the university to find them a doctor,
And if a doctor doesn't belong to any department, good luck finding a place to work.
They'll discuss it with the university's clinical department, who'll send one over.
If a private hospital needs a new doctor,
There's no escaping from this organization.
Which is why some people even call it the "Medical Mafia"!
In a clinical department, the teachers are gods.
Whether you soar high or crash and burn is entirely up to them.
And who wields the department's power over HR and everything else?
The department's idiot teachers, that's who.

SEVERE INFLAMMATION AROUND THE APPENDIX...
WE'LL SEPARATE IT, STARTING FROM THE ADHESION AT THE ROOT.
YES, DOCTOR!

MAYBE I'M NOT CUT OUT FOR SURGERY.
HUH?


NO MATTER HOW GOOD YOU ARE, YOU'LL NEVER MAKE IT BIG IF YOU CAN'T WORK THE SYSTEM.
AND I CAN'T GET USED TO THAT.

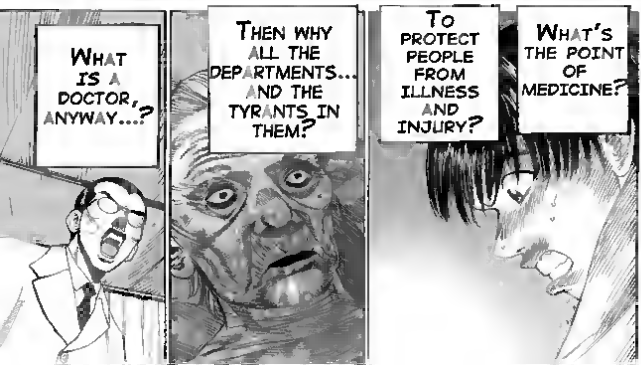

LOOK, FORGET ALL THAT! IT'S DATE NIGHT!
NOT AGAIN.
IT'S MORE A ROUGH-AND-TUMBLE, PHYS-ED KINDA WORLD.
BUT, HELL, SURGERY MIGHT NOT BE THE PLACE FOR YOU AFTER ALL.
NOTHIN' TO DO WITH SURGERY PARTICULARLY.
SURGERY, INTERNAL MEDICINE-- IT'S THE SAME WHEREVER YOU GO.

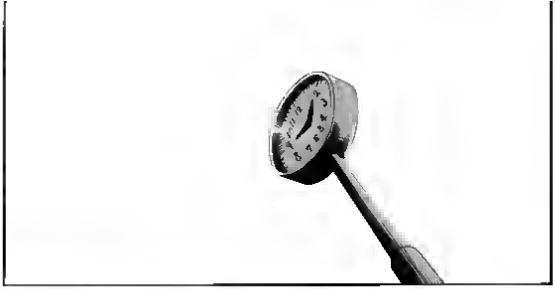
FEEL LIKE GOING OUT TONIGHT?
HELLO, LADIES!
Nurses' Break Room
看護婦休憩室

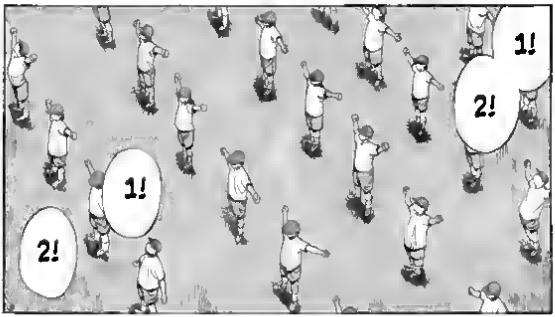
WOMEN ALWAYS WANNA MARRY DOCTORS, AMIRITE?
AW, YEAH!

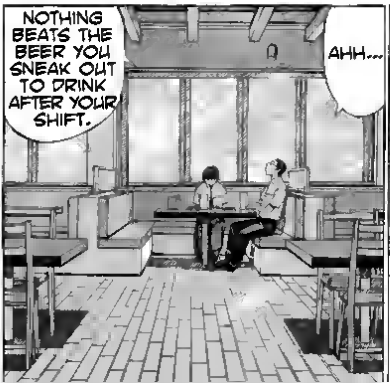
THAT DOES IT! I MIGHT AS WELL OFF MYSELF!
SO MUCH FOR THE ANGEL IN WHITE...
NO MONEY, NO TIME--BUT PLENTY OF PRIDE. NOT AN IDEAL HUSBAND, IF YOU ASK ME.
AN INTERN'S SALARY IS THE PITS.

DOCTOR!
THE WOMAN IN 509 IS VOMITING BLOOD!


WHAT IS A DOCTOR, ANYWAY...?
THEN WHY ALL THE DEPARTMENTS... AND THE TYRANTS IN THEM?
TO PROTECT PEOPLE FROM ILLNESS AND INJURY?
WHAT'S THE POINT OF MEDICINE?




1!
2!
1!
2!


NOTHING BEATS THE BEER YOU SNEAK OUT TO DRINK AFTER YOUR SHIFT.
AHH...

STOP BEING SO SELF-CONSCIOUS.
HOW CAN YOU WORK IF YOU LET EVERYTHING GET TO YOU?
GEEZ, DR. SHIRATORI...
THAT WOMAN ENDED UP DEAD.
ALMOST SEPTEMBER ALREADY.
YOUR INTERNSHIP WITH 1ST SURGERY IS NEARLY OVER.
I EXPECT YOU TO COME BACK TO 1ST SURGERY WHEN IT'S ALL OVER.
BUT LISTEN, DR. SAITO...
YOU INTERNS WILL BE SPENDING TIME WITH ALL KINDS OF SPECIALTIES FROM HERE ON OUT.

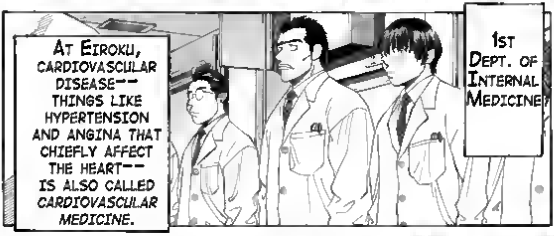
DR. SHIRATORI?
WHY DO WE HAVE TO BE PART OF A DEPARTMENT, ANYWAY?
WELL, IT'S NOT MANDATORY, OF COURSE...
BUT WITHOUT ONE, YOU'RE ON YOUR OWN WITH YOUR POST-INTERNSHIP JOB HUNT.
THE FAST TRACK IS HOPELESS.
YOU CAN BARELY WRITE A THESIS IF YOU CAN'T DO BASIC RESEARCH-- AND FORGET ABOUT GETTING A DEGREE.
AND EVEN IF YOU DO HAPPEN TO FIND A POSITION AT SOME HOSPITAL,
THE CHIEF AND THE DEPARTMENT HEADS WILL SAVE THE BEST JOBS FOR THOSE IN THE UNIVERSITY'S CLINICAL DEPARTMENT.

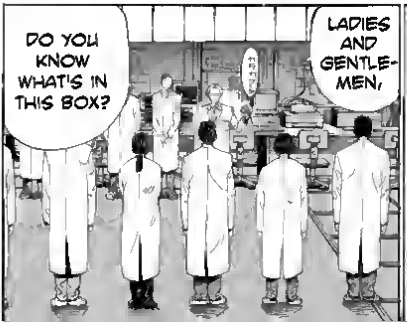
THEN YOU'RE LEFT EKING OUT AN EXISTENCE
ゴゴゴ
AT A TINY PRIVATE HOSPITAL AS A "ROGUE DOCTOR".

I DON'T KNOW WHAT YOUR BEEF IS WITH THE DEPARTMENT SYSTEM.
BUT IT'S UP TO YOU TO TAKE CHARGE AND FIX IT.

AND WITH THOSE WORDS,
MY INTERNSHIP AT THE 1ST DEPT. OF SURGERY WAS OVER.

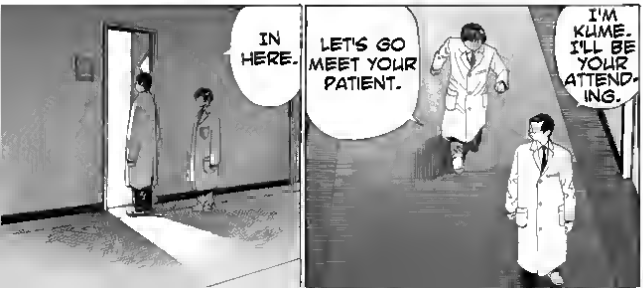
Our new internships--our new lives--were just beginning.
September.


At Eiroku, cardiovascular disease--things like hypertension and angina that chiefly affect the heart--is also called cardiovascular medicine.
1st Dept. of Internal Medicine


Do you know what's in this box?
Ladies and gentlemen,

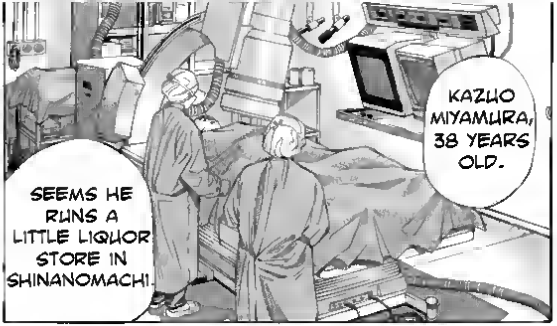
WHEN IT COMES TIME TO FIND OUT,
ALL THOSE SURGEONS CAN DO IS OPEN THE BOX AND LOOK INSIDE.

BUT WE KEEP IT CLOSED AND GUESS WHAT'S INSIDE BASED ON ITS WEIGHT OR THE SOUND IT MAKES.
THAT'S INTERNAL MEDICINE.

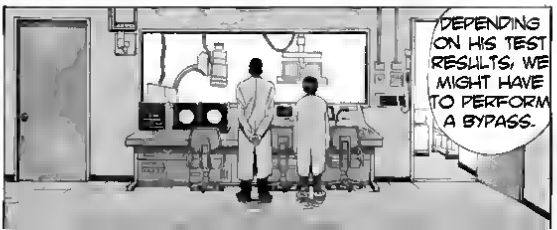

IN HERE.
LET'S GO MEET YOUR PATIENT.
I'M KUME. I'LL BE YOUR ATTEND-ING.

KAZUO MIYAMURA,
38 YEARS OLD.

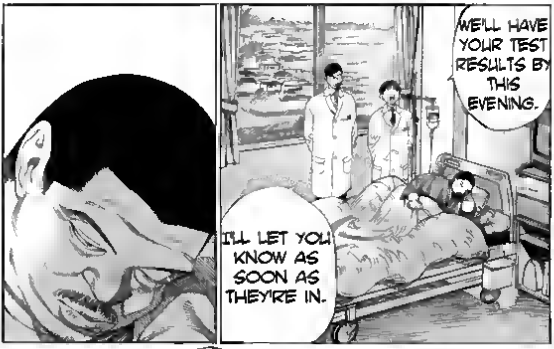
LITTLE DID I KNOW
I WOULD SOON BE BRAVELY BATTLING THE "MEDICAL MAFIA" OVER THIS VERY PATIENT.


KAZUO MIYAMURA, 38 YEARS OLD.
SEEMS HE RUNS A LITTLE LIQUOR STORE IN SHINANOMACHI.

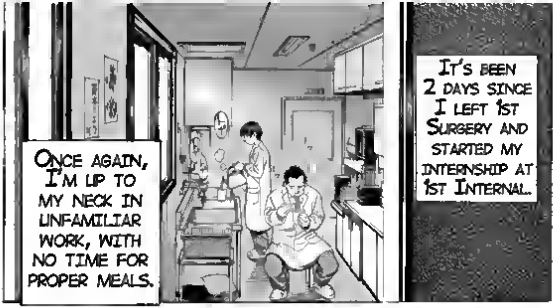
HE CAME IN FROM TOYOKU GENERAL HOSPITAL LAST NIGHT.
HIS SYMPTOMS AND HIS EKG POINT TO A DIAGNOSIS OF UNSTABLE ANGINA.


DEPENDING ON HIS TEST RESULTS, WE MIGHT HAVE TO PERFORM A BYPASS.

#6
The First
Lie


WE'LL HAVE YOUR TEST RESULTS BY THIS EVENING.
I'LL LET YOU KNOW AS SOON AS THEY'RE IN.

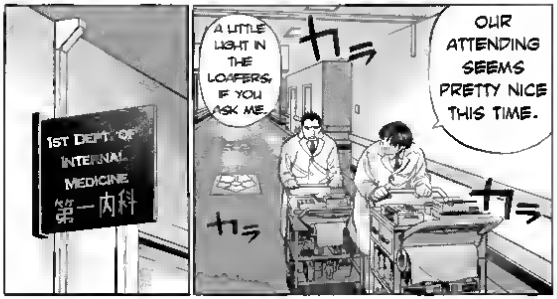
SO, UH, IF YOU HAVE ANY PROBLEMS...
JUST KNOW THAT YOU CAN TELL ME ANYTHING.
ER.. I REALIZE YOU MIGHT BE A LITTLE UNEASY DEALING WITH SUCH A YOUNG DOCTOR,
BUT I'M WITH YOU FOR THE LONG HAUL.


ONCE AGAIN, I'M UP TO MY NECK IN UNFAMILIAR WORK, WITH NO TIME FOR PROPER MEALS.
IT'S BEEN 2 DAYS SINCE I LEFT 1ST SURGERY AND STARTED MY INTERNSHIP AT 1ST INTERNAL.

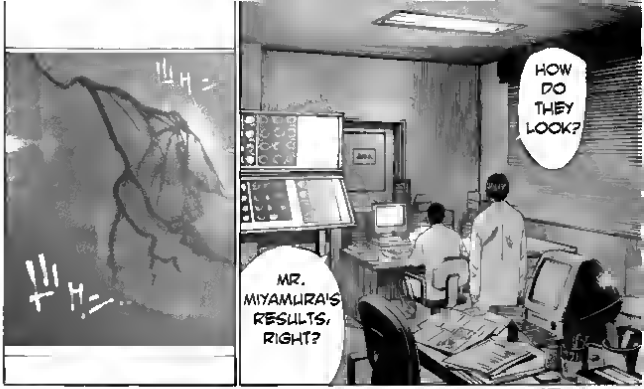
HEY, SAITO! DEKUNE!
TIME FOR ROUNDS!
WHEN THAT'S DONE, CHECK ON THOSE TEST RESULTS.
YESSIR!

AND THAT ALSO EXPLAINS WHY
THE VAST MAJORITY OF THE PEOPLE HERE ARE HEART PATIENTS.
THE 1ST DEPT. OF INTERNAL MEDICINE MOSTLY TREATS PATIENTS WITH HEART ISSUES, LIKE ANGINA OR HEART ATTACKS.
HELLO!
ガラ
THAT'S WHY LOTS OF PEOPLE CALL IT "CARDIO".

NO, TODAY I'M OKAY.
ANY PALPITATIONS AGAIN THIS MORNING?
HOW ARE YOU DOING, MR. TAMURA?
WE'RE SCHEDULED TO PUT IN YOUR STENT TOMORROW.


1ST DEPT. OF INTERNAL MEDICINE
第一内科
A LITTLE LIGHT IN THE LOAFERS, IF YOU ASK ME.
OUR ATTENDING SEEMS PRETTY NICE THIS TIME.
カラ
カラ
カラ

ドキン!!


HOW DO THEY LOOK?
MR. MIYAMURA'S RESULTS, RIGHT?

THE BASE OF THE LEFT CIRCUMFLEX CORONARY ARTERY IS 91% BLOCKED.
AND THE ANTERIOR DESCENDING ARTERY IS 93% BLOCKED.
THEY'LL PROBABLY CLOSE UP COMPLETELY ONE OF THESE DAYS.
WHEN THAT HAPPENS, HE'LL DIE INSTANTLY.

INSTANTLY?
TAKE A GOOD LOOK AT THE PATIENTS HERE..
DON'T GO THINKING HEART DISEASE IS AN OLD-AGE PROBLEM.

ONE IN 20 JAPANESE HAVE SUFFERED A HEART ATTACK.
MYOCARDIAL INFARCTION IS THE 3RD LEADING CAUSE OF DEATH IN JAPAN AFTER CANCER AND STROKE, STRIKING 6.42 MILLION PEOPLE ANNUALLY.

IT IS, HUH?
THAT'S HOW IT WORKS.
NO, NO--FIRST WE'LL HAVE TO DISCUSS THE SURGICAL OPTION WITH THE CARDIAC SURGERY DEPARTMENT AT THE NEXT JOINT CLINICAL CONFERENCE
IN ANY CASE, THIS MEANS WE'LL HAVE TO OPERATE RIGHT AWAY.
ONE IN 20...

THIS ACTUALLY HAPPENED HERE SOME YEARS BACK...
A PATIENT'S CORONARY ARTERY RUPTURED RIGHT IN THE MIDDLE OF A CATHETERIZATION.
WHAT'S THAT?
WHAT WE JUST DID. YOU INSERT A CATHETER INTO THE CORONARY ARTERY TO GET AN ANGIOGRAPH, AMONG OTHER THINGS.
THE PATIENT'S BLOOD PRESSURE SUDDENLY DROPPED, SENDING THEM INTO SHOCK.
WE CALLED IN A HEART SURGEON RIGHT AWAY. IT WAS ALL SO SUDDEN, SURGERY WAS THE ONLY WAY TO SAVE THE PATIENT.
THE DOCTOR IS OUT AT THE MOMENT.
PLEASE WAIT UNTIL TONIGHT'S CLINICAL CONFERENCE.
TONIGHT?!
I CAN'T WAIT THAT LONG! IT'S STILL MORNING! I KNOW YOU'VE GOT AN OPEN OR!
WE CAN'T OPERATE WITHOUT HIS PERMISSION.
TRY AGAIN AT TONIGHT'S CLINICAL CONFERENCE.

THE PATIENT WOUND UP DEAD...
THAT'S THE DARK TRUTH BEHIND CARDIAC SURGERY...
HE DIDN'T WANT TO GET IN TROUBLE BY DOING THE SURGERY BEHIND THE TEACHER'S BACK.
NO ONE DARES TO CLEAN UP AFTER ANOTHER DOCTOR'S SCREW-UP.
THE DEPARTMENT NEXT DOOR FEELS LIKE IT'S OCEANS AWAY...
THAT'S LIFE IN A UNIVERSITY HOSPITAL.

WE HAVE YOUR TEST RESULTS.
UM...

but the heart itself needs its share of blood, too
Your heart's job is to pump blood throughout your body.
Let's see...

In your case, Mr. Miyamura, this area here...
the base of the blood vessel on the left is clogged for some reason.

It's called the coronary artery.
The vessels on the heart's surface circulate the necessary blood throughout the heart.

WE'LL USE ONE DRUG TO THIN YOUR BLOOD AND ANOTHER TO EXPAND YOUR BLOOD VESSELS
AND, UH...
SO THEY WON'T GET COMPLETELY STOPPED UP!

LIES.

FACT IS, IF THEY DON'T OPERATE RIGHT AWAY, YOU MIGHT DIE.
THEY MAY EVENTUALLY DECIDE TO OPERATE AFTER ALL!
WE'LL WORK OUT THE DETAILS IN A JOINT CLINICAL CONFERENCE WITH THE SURGERY TEAM.

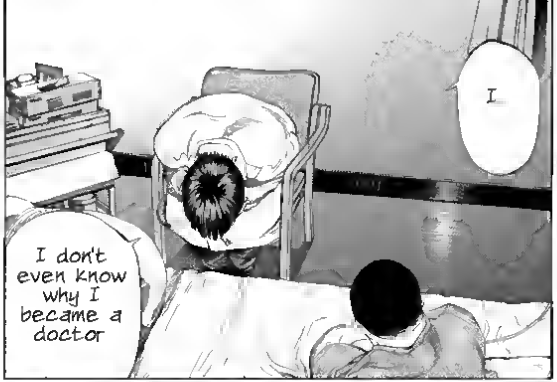
GUILTY CONSCIENCE?
THE PROBLEMS IN THE UNIVERSITY HOSPITAL SYSTEM AREN'T YOUR RESPONSIBILITY
ALL YOU CAN DO IS CONFRONT YOUR PATIENTS HEAD ON, RIGHT?
DOCTORS CAN ONLY HELP THEIR PATIENTS RECOVER.
THE PATIENTS ARE THE ONES DOING THE RECOVERING.
DOCTORS DON'T TREAT ILLNESSES.
THEY TREAT PEOPLE.

IF YOU HAVE ANY CONCERNS, PLEASE, FEEL FREE TO SPEAK UP.
I'LL DO MY BEST TO ADDRESS THEM.

AFTER ALL, NOT TOO LONG AGO WE WERE REGULAR PEOPLE WITHOUT MEDICAL LICENSES...
MR. MIYAMURA... I MAY STILL BE AN INEXPERIENCED INTERN.
BUT I THINK INTERNS EXIST FOR A REASON, TOO.

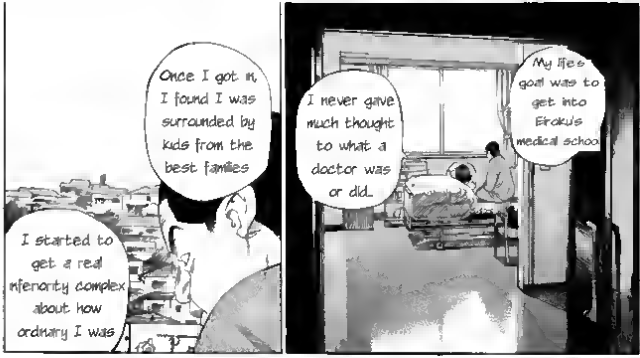
SO WHO UNDERSTANDS A PATIENT'S FEELINGS
BETTER THAN AN INTERN?

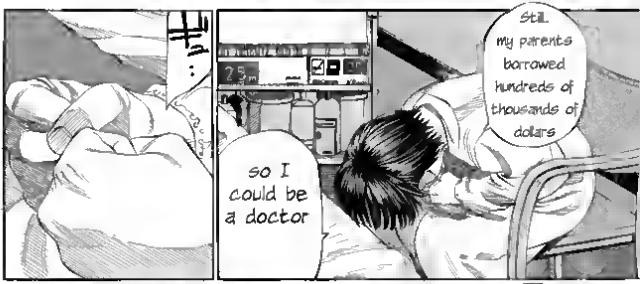
...
Dammit
Guess I'm not very convincing
PRRT



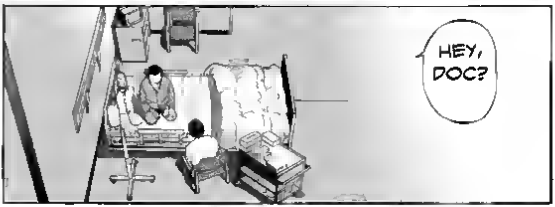
*Ei comes from Eigo, Japanese for "the English language," and ji means "the second son"

Call me childish...
but I got hung up on the idea of being "ordinary."
My last name is just as common.
I hated that, and so I studied like crazy.


Once I got in, I found I was surrounded by kids from the best families
I started to get a real inferority complex about how ordinary I was
I never gave much thought to what a doctor was or did.
My life's goal was to get into Eraku's medical school


Still, my parents borrowed hundreds of thousands of dollars
so I could be a doctor

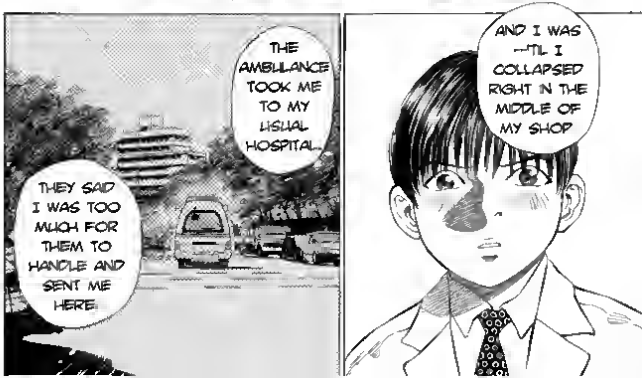
And I...
I'LL BE A GREAT ONE!


HEY, DOC?

I DON'T REALLY KNOW WHY I'M HERE.
I, UH...

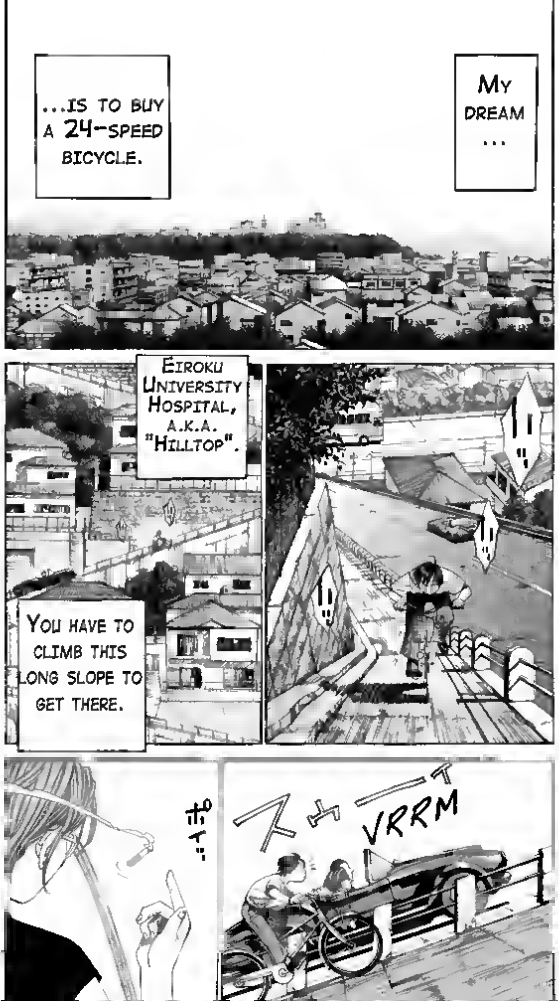
MY LEFT SHOULDER STARTED HURTING 'BOUT 6 MONTHS BACK. WENT TO A CLINIC AND THEY SAID I PULLED A MUSCLE.
BUT WHEN IT STILL HURT AFTER A FEW MONTHS, I WENT TO SOMEPLACE A LITTLE BIGGER.

THEY JUST DID SOME TESTS. I DIDN'T GET ANY BETTER.
THE DOCTORS TOLD ME THE TESTS TAKE TIME, SO I FIGURED I JUST HAD TO BE PATIENT...


THE AMBULANCE TOOK ME TO MY USUAL HOSPITAL.
THEY SAID I WAS TOO MUCH FOR THEM TO HANDLE AND SENT ME HERE.
AND I WAS --'TIL I COLLAPSED RIGHT IN THE MIDDLE OF MY SHOP

SO WHY BRING ME ALL THE WAY OUT HERE?
I DON'T NEED TO COME OUT THIS FAR. THERE'S A UNIVERSITY HOSPITAL ON THE WAY.
BUT I LIVE OUT IN SHINANO-MACHI, SEE...
Well, the thing is...
Toyoku General Hospital is affiliated with Eiroku University,
and since your doctor came from here, it would have been easier to get you in.
LISTEN, DOC...
MY LIFE IS IN YOUR HANDS, RIGHT?
SO IT'S JUST FOR CONVENIENCE'S SAKE?

BUT WHY SHOULD I TRUST YOU,
EVEN FOR A SECOND?


My dream ...
...is to buy a 24-speed bicycle.
Eiroku University Hospital, a.k.a. "Hilltop".
You have to climb this long slope to get there.
VRRM

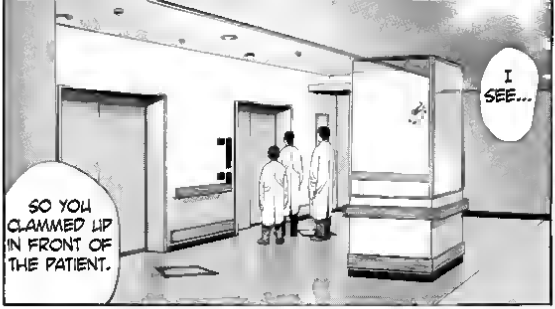
#7
The Top-tier Trap

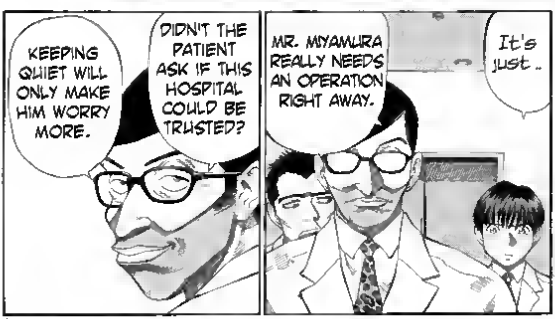
I'M HOT.

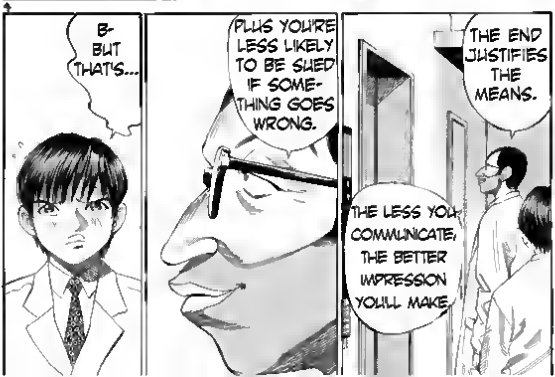
SO WHAT DO YOU THINK? SWEET RIDE, EH?

Quit littering!

HA HA HA! A/C IS USELESS IN A CONVERTIBLE!
AND RIDING AROUND BUNDLED AGAINST THE WINTER COLD IS PART OF THE WHOLE AESTHETIC TOO.


I SEE...
SO YOU CLAMMED UP IN FRONT OF THE PATIENT.


It's just..
MR. MIYAMURA REALLY NEEDS AN OPERATION RIGHT AWAY.
DIDN'T THE PATIENT ASK IF THIS HOSPITAL COULD BE TRUSTED?
KEEPING QUIET WILL ONLY MAKE HIM WORRY MORE.

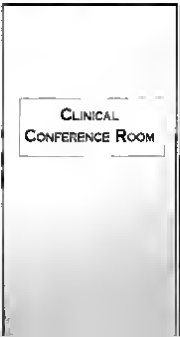

THE END JUSTIFIES THE MEANS.
PLUS YOU'RE LESS LIKELY TO BE SUED IF SOMETHING GOES WRONG.
B-BUT THAT'S...
THE LESS YOU COMMUNICATE, THE BETTER IMPRESSION YOU'LL MAKE.

WE'LL MEET WITH THE SURGERY TEAM TODAY TO DECIDE WHETHER WE'LL OPERATE.
YOU'RE COMING ALONG, I SEE.
I'm sorry I couldn't give you an answer yesterday
Er uh..
SO PLEASE... TRUST US.
BUT WE REALLY ARE DOING EVERYTHING WE CAN FOR YOU

In most cases, heart disease is treated in the internal medicine department.
But some illnesses, like cardiac malformation, valvular disease, and severe angina, require surgery

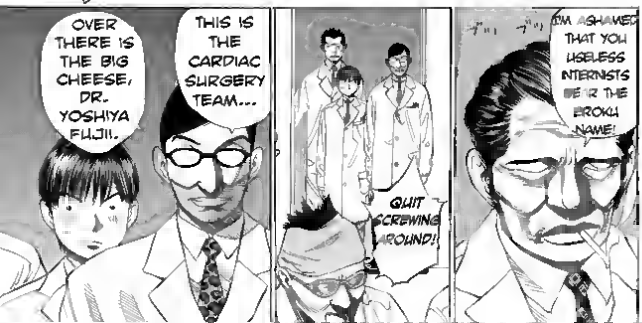
That's why Eiroku's cardiovascular department and cardiac surgeons meet for a joint conference every month.
They determine if surgery is indicated* and if the patient meets the requirements.

*Indicated Necessary Requirements: Conditions, like strength, needed to undergo surgery



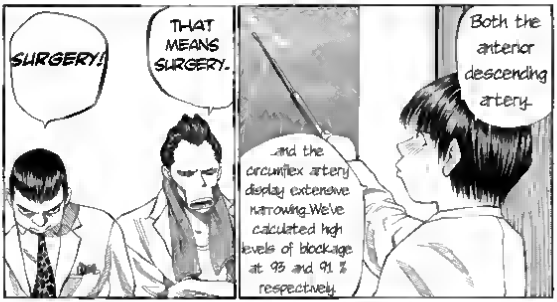
JUST DON'T TALK BACK AND THEY'LL LET YOU GET OUT ALIVE.

*Plain films: Radiographic images of the chest.
WHAT ABOUT THE ECHO FINDINGS IN THE ANNULUS, HUH!?
ENOUGH WITH THE PLAIN FILMS*!
WE CAN'T HEAR YOU!
So, uh, here are the chest X-rays


OVER THERE IS THE BIG CHEESE, DR. YOSHIYA FUJII.
THIS IS THE CARDIAC SURGERY TEAM...
QUIT SCREWING AROUND!!
I'M ASHAMED THAT YOU USELESS INTERNSTS WEAR THE EROKU NAME!

* CABG Coronary artery bypass graft

I'M SAITO, FROM THE 1ST DEPT. OF INTERNAL MEDICINE. THE PATIENT IS KAZUO MIYAMURA, 38, LIQUOR-STORE OWNER.


SURGERY!
THAT MEANS SURGERY.
...and the circumflex artery display extensive narrowing. We've calculated high levels of blockage at 93 and 91 % respectively.
Both the anterior descending artery

zhoop! Uh..
WHY'D YOU EVEN BOTHER COMING IF HE'S THAT FAR GONE?
NEVER MIND THAT! HE NEEDS SURGERY!
WE'RE ALSO GIVING HIM MILLIGROL.
NOW I'D LIKE TO DISCUSS THE HEMATOLOGICAL FINDINGS.
THE PATIENT CURRENTLY HAS AN ACT OF 200 WITH 800 UNITS OF HEPARIN PER HOUR.

THAT'S FOR US TO DECIDE.
GO ON BACK, NOW, AND LOOK AFTER THE PATIENT 'TIL YOU HEAR FROM US.

SO, AH...
WHEN CAN WE EXPECT THE SURGERY TO TAKE PLACE?

The patient repeatedly complained of chest pain yesterday. Perhaps sooner would be..
But But sir

Eh

WE'RE THE ONES WHO'RE ALWAYS CLEANING UP AFTER YOU GUYS.
LISTEN, KID.

WE CARDIAC SURGEONS KNOW MORE ABOUT THE HEART THAN ANYONE.
WHY DON'T YOU LET US HANDLE IT, HMM?
MY OWN PERSONAL HILLTOP...
AT EIROKU, THE IMPOSSIBLE IS STILL IMPOSSIBLE, WHEREVER YOU GO.

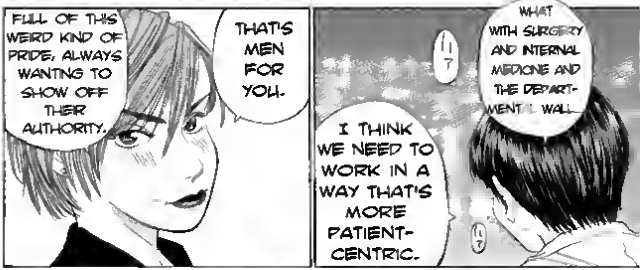
WHAT'S YER DEAL, SAITO?
WE GOT OFF EARLY FOR ONCE, SO LET'S GO HAVE SOME FUN!
THE DEPARTMENT NEXT DOOR FEELS LIKE IT'S OCEANS AWAY.
ドィィイン
LOOSEN UP, MAN!
LIFE'S ROUGH IF YOU DON'T TAKE TIME TO SMELL THE ROSES!
SORRY. I'M HEADING BACK TO READ UP ON HEART DISEASE.
PLUS I'M KIND OF LOW ON CASH...
I TOLD YOU, I'LL TAKE THE BUS HOME!
I'M NOT JUST BEING POLITE; HONESTLY I'M NOT!

HA HA HA! PLAYING HARD TO GET, EH?
YOU CAN GO NOW!
WAIT HEY!?
OH CHOH!
ADIOS!
ブォーン
I'LL BE BACK!
イラ
イラ
GRR
イラ
IT'S DR. FUJII AND THE LITTER-BUG FROM THIS MORNING.
HEY....

TOK
TOK
TOK
ding
ding
ding
ding
IT WOULD PROBABLY TAKE YOU A HALF HOUR AT LEAST
IT'S, UH, PRETTY FAR TO WALK...

HMPH! WHO BUILDS A HOSPITAL ON TOP OF A MOUNTAIN.
PLUS THERE'S ONLY ONE BUS AN HOUR...
スゥー
HUH?
YOU WORK AT HIROKU UNIVERSITY HOSPITAL?
I'VE BEEN AT ALL KINDS OF HOSPITALS, BUT THIS PLACE IS THE PITS.
KAORI AKAGI.
I STARTED THIS MONTH AS A SURGICAL NURSE.

WOW...
SO YOUR PATIENT IS DYING, AND THERE'S STILL NO OPERATION SCHEDULED.


FULL OF THIS WEIRD KIND OF PRIDE, ALWAYS WANTING TO SHOW OFF THEIR AUTHORITY.
THAT'S MEN FOR YOU.
I THINK WE NEED TO WORK IN A WAY THAT'S MORE PATIENT-CENTRIC.
WHAT WITH SURGERY AND INTERNAL MEDICINE AND THE DEPARTMENT WALL

ALL I DO IS COMPLAIN ON THE SIDELINES...
I'M NOT MUCH DIFFERENT MYSELF.

HEY, DR. SAITO...
WHERE WOULD YOU GO IF YOU NEEDED SURGERY?
HUH?
I GUESS I'D STILL PICK A UNIVERSITY HOSPITAL.
BECAUSE WHEN IT'S CRUNCH TIME, THEY HAVE WAY MORE DOCTORS THAN A REGULAR HOSPITAL!
THAT'S JUST DUMB.
HAVING TOO MANY DOCTORS DULLS A SURGEON'S SKILLS.

OH.
.....
HOSPITALS WITH TOO HIGH OF A DOCTOR-PATIENT RATIO WON'T POST GOOD SURGICAL RESULTS.
AFTER ALL, THE MORE OPERATIONS YOU DO, THE BETTER YOU GET.
THERE ARE ABOUT 18 THOUSAND BYPASS SURGERIES A YEAR
...AND ABOUT 3 THOUSAND CARDIAC SURGEONS IN JAPAN.
THAT'S AN AVERAGE OF ABOUT 6 OPERATIONS PER SURGEON.
チラ
BUT IN CARDIO, EACH SURGEON HAS TO PERFORM 100 OPERATIONS A YEAR...
JUST TO KEEP UP HIS OR HER SKILLS.

I GOT A GLIMPSE OF EIROKU'S OR RECORDS.
ALL THOSE CARDIAC SURGEONS, AND ONLY 12 OF THEM OPERATED LAST YEAR.
B-BUT
THE CARDIAC SURGERY PROFESSOR SAID IF THEY CAN'T DO IT HERE, THEY CAN'T DO IT ANYWHERE.
AH, YES: THE MIGHTY EIROKU.
THEY CAN'T EVEN IMAGINE THAT THERE COULD BE ANYONE OUT THERE MORE BRILLIANT THAN THEY ARE.
THAT'S THE DANGER IN BEING "TOP-TIER".

THERE'S SOMETHING IN MR. MIYAMURA'S BLOODWORK RESULTS THAT CONCERNS ME.

CLINICAL CONFERENCE ROOM

DR. KUME?

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